



## EMPLOYMENT APPLICATION

### APPLICANT INSTRUCTIONS

If you have a disability requiring accommodation for completing this application form or any phase of the employment process, please notify the person who gave you this form. Avfuel Corporation is an Equal Opportunity Employer. It is the policy of Avfuel to afford equal employment regardless of a person's race, religion, color, national origin, sex, age, marital status, height, weight, or disability.

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP

YEARS AT THIS ADDRESS? \_\_\_\_\_

PRIOR ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP

YEARS AT THIS ADDRESS? \_\_\_\_\_

ARE YOU A U.S. CITIZEN?     Yes     No

HAVE YOU EVER WORKED UNDER ANY OTHER NAME?

Yes    NAME \_\_\_\_\_     No

**AVAILABILITY**

For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_

What category would you prefer?  Full-time  Part-time  Temporary

For which schedules are you available?  Weekdays  Weekends  Nights  Other \_\_\_\_\_

**APPLICANT NOTE**

This application form is intended for use in evaluating your qualifications for employment. **This is not an employment contract and applicants should realize that unless specifically agreed to in writing, all employment at Avfuel is on an at-will basis.** False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and a drug screening may be required prior to employment.

**EDUCATIONAL/TRAINING BACKGROUND**

List last three (3) schools attended, starting with the last one. B. List number of years completed., C. Indicate degree or diploma earned, if any and D.major field of study.

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE COMPLETED	D. MAJOR

**PREVIOUS EMPLOYERS**

**PLEASE NOTE:** Your application will not be considered unless every question in this section is answered. Unless otherwise agreed, we will make every effort to contact your previous employers. For that reason, the correct telephone numbers of past employers are critical. Ask for a phonebook or call information if you need. For employers outside the U.S., a current fax number is mandatory.

**MOST RECENT EMPLOYER**    **Yes**    **No**   Are you currently working for this employer?  
 **Yes**    **No**   If yes, may we contact?

\_\_\_\_\_  
Dates of Employment

\_\_\_\_\_  
Company Name                      City                      State                      Telephone

\_\_\_\_\_  
Salary                      Per                      Reason for Leaving  
                                    (Hour, Week, Month)

**SECOND MOST RECENT EMPLOYER**

\_\_\_\_\_  
Dates of Employment

\_\_\_\_\_  
Company Name                      City                      State                      Telephone

\_\_\_\_\_  
Salary                      Per                      Reason for Leaving  
                                    (Hour, Week, Month)

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize all former employers, persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability from any damage whatsoever for issuing this information. I waive any written notice of the release of such records that may be required under state or federal law. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to, and during employment.

<b>Signature</b>	<b>Date</b>
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