



# Harvey Airfield

## APPLICATION FOR EMPLOYMENT

9900 Airport Way, Snohomish, WA 98296  
 PHONE: (360) 568-1541 x 227  
 www.HarveyField.com Email HRD@harveyfield.com

### PERSONAL INFORMATION

|                                     |               |                       |  |
|-------------------------------------|---------------|-----------------------|--|
| DATE OF APPLICATION                 | DATE OF BIRTH | PLACE OF BIRTH        | CELL PHONE NUMBER  |
|                                     |               |                       | ( )  |
| LAST NAME                           | FIRST NAME    | MIDDLE NAME (IN FULL) | HOME TELEPHONE NUMBER  |
|                                     |               |                       | ( )  |
| PRESENT ADDRESS (NUMBER AND STREET) |               |                       |  |
|                                     |               |                       |  |
| CITY                                | STATE         | ZIP                   | IF YOU ARE NOT A U.S. CITIZEN, PLEASE INDICATE YOUR AUTHORIZATION FOR EMPLOYMENT |
|                                     |               |                       |  |

### EMPLOYMENT DESIRED

|   |                |   |   |              |
|---|----------------|---|---|--------------|
| DATE YOU CAN START  | SALARY DESIRED | POSITION DESIRED  | CURRENT EMPLOYER  | PHONE NUMBER |
|   |                |   |   |              |
| MAY WE CONTACT YOUR CURRENT EMPLOYER? _____ YES _____ NO  |                |   | Can you perform the duties of this position without special accommodations?<br>YES _____ NO If not, specify needs _____ |              |
| HAVE YOU PREVIOUSLY APPLIED AT Snohomish Flying or Harvey Field?<br>_____ YES _____ NO<br>IF YES, WHEN? _____ |                | HAVE YOU EVER HAD A WORK RELATED INJURY _____ YES _____ NO<br>IF YES, WHEN? _____<br>WHAT WAS THE INJURY? _____ |   |              |

### PREVIOUS EMPLOYMENT

| PLEASE LIST YOUR MOST RECENT EMPLOYER FIRST |                          |                              |        |                    |
|---|--------------------------|------------------------------|--------|--------------------|
|   | NAME AND PHONE NUMBER    | POSITION/<br>SUPERVISOR NAME | SALARY | REASON FOR LEAVING |
| 1.  | FROM: _____<br>TO: _____ |                              |        |                    |
| 2.  | FROM: _____<br>TO: _____ |                              |        |                    |
| 3.  | FROM: _____<br>TO: _____ |                              |        |                    |
| 4.  | FROM: _____<br>TO: _____ |                              |        |                    |

## EDUCATIONAL HISTORY

| SCHOOL                        | NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | GRADUATION DATE | MAJOR AREA OF STUDY |
|-------------------------------|-----------------------------|----------------|-----------------|---------------------|
| HIGH SCHOOL                   |                             |                |                 |                     |
|                               |                             |                |                 |                     |
| COLLEGE                       |                             |                |                 |                     |
|                               |                             |                |                 |                     |
| TRADE OR BUSINESS             |                             |                |                 |                     |
|                               |                             |                |                 |                     |
| OTHER EDUCATIONAL OR TRAINING |                             |                |                 |                     |
|                               |                             |                |                 |                     |

## PERSONAL REFERENCES

LIST THREE NON-RELATIVES WHOM YOU HAVE KNOWN FOR AT LEAST TWO YEARS.

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP | YEARS KNOWN |
|------|---------|-----------|--------------|-------------|
|      |         |           |              |             |
|      |         |           |              |             |
|      |         |           |              |             |

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### THESE AREA FOR OFFICE USE ONLY

|                 |                     |                 |                |                 |
|-----------------|---------------------|-----------------|----------------|-----------------|
| INTERVIEWED BY: |                     | INTERVIEW DATE: |                |                 |
| REMARKS:        |                     |                 |                |                 |
|                 |                     |                 |                |                 |
|                 |                     |                 |                |                 |
| COMMENTS:       | EXPERIENCE:         | SPECIAL SKILLS: | LIMITATIONS:   |                 |
| DATE OF HIRE:   | DIVISION:           | POSITION:       | STARTING DATE: | SALARY OR WAGE: |
| APPROVED BY:    | EMPLOYMENT MANAGER: |                 | SUPERVISOR:    |                 |

## CRIMINAL RECORD HISTORY

Have you ever been convicted of a crime?

Yes  No (Note: Do not list any convictions that occurred more than 10 years prior to the date of this application)

If yes, what was (were) the offense(s)?

Date(s) and place(s) of conviction:

A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. Factors such as age at the time of the offense, type of offense and relevance to the job for which you are applying, seriousness and nature of the offense and rehabilitation will be taken into account.

**WORK ELIGIBILITY:** If hired, can you provide proof that you are a citizen or national of the United States of America, a lawful permanent resident or an alien authorized to work in this country?

Yes  No (Proof of employment authorization status will be required if you are hired.)

## CERTIFICATION AND AUTHORIZATION

I certify that the information contained in this application is true and complete to the best of my knowledge, and understand that, if employed, false statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. If I am employed by the company, I understand that my employment is not for any particular length of time and may be terminated either by the company or by me at any time with or without cause or notice.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Background Check

As part of the employment application process, the company will request a criminal background check through the Washington State Patrol criminal history database. Please complete the following request for information and return this with your employment application.

Please Print Information Clearly and Legibly — Provide Your Full Legal Name

|                        |             |           |   |  |  |  |  |  |  |
|------------------------|-------------|-----------|---|--|--|--|--|--|--|
| _____                  | _____       | _____     | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |  |
|                        |             |           |   |  |  |  |  |  |  |
| First Name             | Middle Name | Last Name | Today's Date (MM-DD-YY)   |  |  |  |  |  |  |
| _____                  |             |           | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |  |
|                        |             |           |   |  |  |  |  |  |  |
| Current Street Address |             |           | Date of Birth (MM-DD-YY) [for ID]   |  |  |  |  |  |  |
| _____                  |             |           | _____   |  |  |  |  |  |  |
| City, State, ZIP       |             |           | How Long?   |  |  |  |  |  |  |

Signature

Date: