



# SNOHOMISH FLYING SERVICE

## APPLICATION FOR EMPLOYMENT

9900 AIRPORT WAY SNOHOMISH, WA 98296

PHONE: (360) 568-1541 Ext 222 FAX: (360) 568-6034

**HRD@Harveyfield.com**

### PERSONAL INFORMATION

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

### EMPLOYMENT DESIRED

DATE YOU CAN START	SALARY DESIRED	POSITION DESIRED	CURRENT EMPLOYER	PHONE NUMBER
MAY WE CONTACT YOUR CURRENT EMPLOYER? _____ YES _____ NO			ARE YOU WILLING TO COMMUTE? _____ YES _____ NO	
SUPERVISOR NAME: _____				
HAVE YOU PREVIOUSLY APPLIED AT HARVEY'S? _____ YES _____ NO		WERE YOU PREVIOUSLY EMPLOYED AT HARVEY'S? _____ YES _____ NO		
IF YES, WHEN? _____		IF YES, WHEN? _____		
WHAT POSITION? _____		WHAT POSITION? _____		

### PREVIOUS EMPLOYMENT

PLEASE LIST YOUR MOST RECENT EMPLOYER FIRST			
	NAME AND PHONE NUMBER	POSITION/SUPERVISOR NAME	REASON FOR LEAVING
1.	FROM: _____ TO: _____		
2.	FROM: _____ TO: _____		
3.	FROM: _____ TO: _____		
4.	FROM: _____ 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 CALLED FOR IS CAUSE FOR DISMISSAL. ***\* Include a resume with your submittal, and when applying for a Pilot/Instructor position, please include your flight experience.***

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### THESE AREA FOR OFFICE USE ONLY

<b>INTERVIEWED BY:</b>		<b>INTERVIEW DATE:</b>		
REMARKS:				
NEATNESS:		PERSONALITY:		SPECIAL SKILLS:
LIMITATIONS:				
DATE OF HIRE:	DIVISION:	POSITION:	STARTING DATE:	SALARY OR WAGE:
APPROVED BY:		EMPLOYMENT MANAGER:		SUPERVISOR: