

EMPLOYMENT APPLICATION



APPLICANT INFORMATION													
Last Name				First						M.I.	Date		
Street Address						Apar				Apartment/	partment/Unit #		
City				State				ZIP					
Phone				E-mail Address									
Position Applied for				Date Available									
Are you a citizen of the United States? YES				NO If no, are you authorized to work in the U.S.? YES						S.? YES 🗌	NO 🗌		
Have you ever worked for this company? YES				10 🗆	☐ If so, when?								
Have you ever been convicted of a felony? YES				ю 🗆	If yes, explain								
EDUCATION													
High School			Α	ddress									
From	То	Did you graduate?	Υ	ES 🗌	NO []	Degi	ree					
College			Α	Address									
From	То	Did you graduate?	Υ	ES 🗌	NO [□ I	Degi	ree					
Other			Address										
From	То	Did you graduate?	Υ	ES 🗌	NO [_ I	Degi	ee					
REFERENCES													
Please list three professional references.													
Full Name						Relationship							
Company						Phor	ie	()				
Address													
Full Name						Relationship							
Company						Phone ()							
Address													
Full Name						Rela	tions	ship					
Company						Phor	ie	()				
Address													

Company	PREVIOUS EMPLOYMENT								
Job Title	Company			Phone ()					
Responsibilities From To Reason for Leaving May we contact your previous supervisor for a reference? YES NO Company Address Supervisor Job Title Starting Salary \$ Ending Salary \$ Responsibilities From To Reason for Leaving May we contact your previous supervisor for a reference? YES NO Company Address Supervisor NO Company Phone () Address Supervisor Job Title Starting Salary \$ Ending Salary \$ Responsibilities From To Reason for Leaving May we contact your previous supervisor for a reference? YES NO Company Address Supervisor Job Title Starting Salary \$ Ending Salary \$ Responsibilities From To Reason for Leaving May we contact your previous supervisor for a reference? YES NO Company May we contact your previous supervisor for a reference? YES NO Company SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS DISCLAIMER AND SIGNATURE I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	Address			Supervisor					
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Signature Date									
	Signature		Date						

St Cloud Aviation Inc - 1544 45th Avenue SE - St Cloud, MN 56304 (320) 253-1500 Phone (320) 253-8554 Fax