

**Rust's Flying Service**  
Employment Application



| APPLICANT INFORMATION   |    |                              |                              |  |                  |      |                              |                             |  |
|---|----|------------------------------|------------------------------|--|------------------|------|------------------------------|-----------------------------|--|
| Last Name   |    |                              | First                        |  |                  | M.I. |                              | Date                        |  |
| Street Address  |    |                              |                              |  | Apartment/Unit # |      |                              |                             |  |
| City  |    |                              | State                        |  | ZIP              |      |                              |                             |  |
| Phone   |    |                              | E-mail Address               |  |                  |      |                              |                             |  |
| Start Date  |    | End Date                     |                              |  | Desired Wage     |      |                              |                             |  |
| Position Applied for  |    |                              |                              |  |                  |      |                              |                             |  |
| Are you a citizen of the United States?   |    | YES <input type="checkbox"/> | NO <input type="checkbox"/>  | If no, are you authorized to work in the U.S.? |                  |      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |
| Have you ever worked for this company?  |    | YES <input type="checkbox"/> | NO <input type="checkbox"/>  | If so, when?                                   |                  |      |                              |                             |  |
| Have you ever been convicted of a felony?                                       |    | YES <input type="checkbox"/> | NO <input type="checkbox"/>  | If yes, explain                                |                  |      |                              |                             |  |
| Do you have a valid driver's license?   |    | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |  |                  |      |                              |                             |  |
| Have you ever had a license, permit or privilege to drive suspended or revoked? |    | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |  |                  |      |                              |                             |  |
| EDUCATION   |    |                              |                              |  |                  |      |                              |                             |  |
| High School   |    |                              | Address                      |  |                  |      |                              |                             |  |
| From  | To | Did you graduate?            | YES <input type="checkbox"/> | NO <input type="checkbox"/>                    | Degree           |      |                              |                             |  |
| College   |    |                              | Address                      |  |                  |      |                              |                             |  |
| From  | To | Did you graduate?            | YES <input type="checkbox"/> | NO <input type="checkbox"/>                    | Degree           |      |                              |                             |  |
| Other   |    |                              | Address                      |  |                  |      |                              |                             |  |
| From  | To | Did you graduate?            | YES <input type="checkbox"/> | NO <input type="checkbox"/>                    | Degree           |      |                              |                             |  |
| Special Skill or training including languages                                   |    |                              |                              |  |                  |      |                              |                             |  |
| REFERENCES  |    |                              |                              |  |                  |      |                              |                             |  |
| <i>Please list three professional references.</i>                               |    |                              |                              |  |                  |      |                              |                             |  |
| Full Name   |    |                              | Relationship                 |  |                  |      |                              |                             |  |
| Company   |    |                              | Phone                        |  |                  |      |                              |                             |  |
| Address   |    |                              |                              |  |                  |      |                              |                             |  |
| Full Name   |    |                              | Relationship                 |  |                  |      |                              |                             |  |
| Company   |    |                              | Phone                        |  |                  |      |                              |                             |  |
| Address   |    |                              |                              |  |                  |      |                              |                             |  |
| Full Name   |    |                              | Relationship                 |  |                  |      |                              |                             |  |

|         |  |       |  |
|---------|--|-------|--|
| Company |  | Phone |  |
| Address |  |       |  |

**PREVIOUS EMPLOYMENT**

|   |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| 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 <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

**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.

Signature

Date