

Application for Employment

Western Skyways, Inc.

PLEASE PRINT

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Name _____ Social Security # _____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP CODE

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ E-mail Address _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been employed by Western Skyways before? Yes No If yes, give dates and positions

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____ What is your desired salary range? \$ _____

Type of employment desired Full-time Part-time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position? Yes No

Have you ever pled "guilty" or "no contest" to or been convicted of a felony crime? Yes No If yes, please provide date(s) and details:

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into account.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past four (4) employers, assignments, or volunteer activities, starting with the most recent.

FROM _____ TO _____ EMPLOYER _____ TELEPHONE # _____
____/____/____ ____/____/____ (____) _____
STARTING JOB TITLE / FINAL JOB TITLE ADDRESS

IMMEDIATE SUPERVISOR AND TITLE _____ SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES _____

MAY WE CONTACT FOR REFERENCE?

Yes No Later

REASON FOR LEAVING _____ HOURLY RATE / SALARY _____
START \$ _____ PER _____ FINAL \$ _____ PER _____

FROM _____ TO _____ EMPLOYER _____ TELEPHONE # _____
____/____/____ ____/____/____ (____) _____

STARTING JOB TITLE / FINAL JOB TITLE ADDRESS

IMMEDIATE SUPERVISOR AND TITLE _____ SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES _____

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MAY WE CONTACT FOR REFERENCE?

Yes No Later

REASON FOR LEAVING _____ HOURLY RATE / SALARY _____
START \$ _____ PER _____ FINAL \$ _____ PER _____

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Educational Background

	NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE			MAJOR	DEGREE
OTHER				

IF YOU HAVE LESS THAN 5 YEARS OF WORK EXPERIENCE WE REQUIRE A HIGH SCHOOL TRANSCRIPT OR EQUIVALENT.

References (please list 3)

NAME	ADDRESS	BUSINESS	TELEPHONE #	# OF YEARS KNOWN

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause to (a) cancel further consideration of this application or (b) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement. I understand that I may be subject to drug testing and a background check, and that employment is at will. I also understand that any misstatement or omission on my part during the application process may lead to disqualification or discharge, regardless of when the information is discovered.

Signature of Applicant _____ Date ____/____/____

Mail to: Western Skyways, attn: Personnel
21 Creative Place
Montrose, CO 81401

Or fax to: 970-249-4155