



Employment Application

PERSONAL INFORMATION			
First Name	Middle	Last	SSN #
DOB	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		DL # State
Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home	Alt Phone <input type="checkbox"/> Home <input type="checkbox"/> Work	Email	
Present Home Address		City/State/Zip	
Length Of Time	Landlord's Name	Landlord's Phone Number	
Previous Home Address (If less than 3 yrs at present)		City/State/Zip	
Length Of Time	Landlord's Name	Landlord's Phone Number	
EMPLOYMENT DESIRED			
Position	Date Available	Salary Desired	
Referred By:		How Did You Hear About This Position?	
Are You Presently Employed? (Y/N)	If So, May We Contact Your Present Employer? (Y/N)		
Have You Applied With Ace Air Before? (Y/N)			If So When?
EMPLOYMENT INFORMATION			
Current Employer		Position	Hours per week
Supervisor Name		Phone Number	Dates Employed
Address		City/State/Zip	Reason for leaving
Previous Employer		Position	Hours per week
Supervisor Name		Phone Number	Dates Employed
Address		City/State/Zip	Reason for leaving
Previous Employer		Position	Hours per week
Supervisor Name		Phone Number	Dates Employed
Address		City/State/Zip	Reason for leaving
REFERENCES			
(Give below the names of two persons not related to you, whom you have known at least one year.)			
Name	Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home	Alt Phone <input type="checkbox"/> Work <input type="checkbox"/> Home	
Relationship	Address		City/State/Zip
Name	Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home	Alt Phone <input type="checkbox"/> Work <input type="checkbox"/> Home	
Relationship	Address		City/State/Zip



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EDUCATION			
High School		Highest Grade Level Completed	
Area of Study		City, State	Diploma Received? (Y/N)
College/Trade School		Highest Grade Level Completed	
Area of Study		City, State	Diploma Received? (Y/N)
Other Schooling		Highest Grade Level Completed	
Area of Study		City, State	Diploma Received? (Y/N)
US Military, National Guard, or Reserve		Rank and Current Active Duty?	
Area of Study		City, State	Active? (Y/N)
LICENSES			
License Type	State	License Number	Expired? (Y/N)
License Type	State	License Number	Expired? (Y/N)
License Type	State	License Number	Expired? (Y/N)
License Type	State	License Number	Expired? (Y/N)
SPECIALIZED QUESTIONS			
Height	Weight	U.S. Citizen (Y/N)	If not, Visa Number
Do you have any physical defects that preclude you from performing any work for which you are being considered? If so, please explain.			
Defects in hearing?	Defects in vision?	Defects in speech?	Do you smoke?
Have you ever been convicted of a DUI/DWI?	If so, please explain		
Have you ever been convicted of any other crimes other than a moving violation? If so please provide details below			

Signature of Applicant – I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for 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** _____

EMERGENCY CONTACTS			
Name	Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home	Alt Phone <input type="checkbox"/> Work <input type="checkbox"/> Home
Relationship	Address		City/State/Zip
Name	Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home	Alt Phone <input type="checkbox"/> Work <input type="checkbox"/> Home
Relationship	Address		City/State/Zip



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EDUCATION

**MUST BE *SIGNED* BY JOB APPLICANT/EMPLOYEE BEFORE
A Motor Vehicle Report May Be Released by Farmers Insurance Group**

Date: _____

To: **Ace Air, Inc.**
705 N. 9th Street
Sapulpa, OK 74066

I am aware that Consumer Reports may be obtained as part of **ACE AIR, INC.**'s evaluation of my job application and/or employment. The reports may be procured by **ACE AIR, INC.** or their insurance company representative(s), and may include my driving record, an assessment of my insurability for the insurance program, or other consumer reports. By signing this disclosure, I hereby provide my authorization to procure such reports and additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

Signature of Applicant/Employee

Name as it Appears on Driver's License

Driver's License Number/State of Issuance

Date of Birth