

Employment Application

APPLICANT WILL BE TESTED FOR DRUGS



Maverick Aviation Group
6075 Las Vegas Blvd, South
Las Vegas, NV 89119
HR@flymaverick.com
Fax: 702-405-4365

Date:

First Name: Middle: Last Name:

Present Address: City, State, Zip:

Home Phone: Cell Phone:

Social Security #: If under 18, please list age:

Company Applying to: Position Applying for:

Accepted Salary Range:

Days/Hours Available to Work:

Mon: Tue: Wed: Thu: Fri: Sat: Sun: Weekly:

Employment Desired: Full-Time Part-Time Full or Part-Time

Can you work nights? When available to start work?

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College			
Bus. or Trade School			
Professional School			

Have you ever been convicted of a crime: Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Do you have a valid drivers license? Yes No What is your means of transportation?

Driver's license #: Operator: Commercial (CDL): Chauffer:

State of issue: Expiration Date:

Have you had any accidents in the past 3 years? Yes No How many?

Have you had any moving violations in the past 3 years? Yes No How many?

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MILITARY

Have you ever been in the Armed Forces? Yes No

Are you a member of the National Guard? Yes No

Specialty: Date Entered: Discharge Date:

Previous Employment (Please list your work experience for the past five years beginning with your most recent job.)

1.

Name of Employer:
Name of last supervisor:

Dates of employment: From: To: Salary: From: To:

Complete Address:
Phone #:
Last job title:

Reason for Leaving:

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: Yes No

2.

Name of Employer:
Name of last supervisor:

Dates of employment: From: To: Salary: From: To:

Complete Address:
Phone #:
Last job title:

Reason for Leaving:

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: Yes No

3.

Name of Employer:
Name of last supervisor:

Dates of employment: From: To: Salary: From: To:

Complete Address:
Phone #:
Last job title:

Reason for Leaving:

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact this employer: Yes No

OFFICE ONLY

Typing WPM: 10 key speed:

Computer: PC Mac Both Word Processing experience:

Applications (list all that apply):

Other Skills:

Please list 2 references other than relatives and previous employers

Name	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>

Use this space for any additional information necessary to describe your full qualifications for the position which you are applying: