



YOLO FLIERS CLUB

APPLICATION FOR EMPLOYMENT

YOLO FLIERS CLUB IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race/color, national origin/ancestry, sex, religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements during the Interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary

1. Name: _____

Last

First

Middle

2. Address: _____

Street

City

State

Zip

3. Telephone Number: (____) _____ - _____

4. Social Security Number: _____ | _____ | _____

5. Are you over 18 years of age or older? Yes No

If employed and under the age of 18, can you furnish a work permit? Yes No

6. Do you have a legal right to work in the United States? Yes No

If employed, you will be required to provide proof.

7. Have you applied to Yolo Fliers Club for employment in the past? Yes No

If yes, when? _____ Position applied for: _____

8. Do you have any relatives currently employed by Yolo Fliers Club? Yes No

If yes, who? _____ What relation to you? _____

9. Have you ever used another name which would be necessary to enable verification of your employment experience and education? Yes No If yes, indicate such name and explain: _____

10. Have you ever been convicted of a crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime? Yes No

Do not disclose convictions related to the possession or use of marijuana more than two years ago.

If yes, state when, where, and the nature of such conviction: _____

(In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.)

11. Are you currently employed? Yes No If yes, may we contact your current employer at anytime? Yes No

You may contact my current employer, but only when: _____

POSITION

1. Position for which you are applying: _____

First Choice
Second Choice
2. Salary/wage desired: _____ per _____
3. Are you available to work: Full-Time Part-Time Temporary On-Call
 Evenings Weekends Overtime Split Shift
 Other: _____
4. When would you be available to start working? _____
5. How did you hear about the availability of the position for which you are applying?
 Newspaper Advertisement Employment Agency Current Employee
 Friend Relative Walk-In Other: _____
6. If the position for which you are applying requires the use of a vehicle, do you have a valid drivers license? Yes No
License #: _____ Class: _____ State: _____ Expiration Date: _____
7. Have you been given a Job Description, or have the requirements of the job explained to you? Yes No
Do you understand these requirements? Yes No
8. Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation? Yes No
9. Can you meet the attendance standards of our company, which requires all employees to report for work on time for all scheduled days or shifts? Yes No

SPECIAL SKILLS AND TRAINING

1. Describe specialized training, apprenticeships, skills or research: _____

2. List current certifications and/or professional licenses, if any, and where registered: _____

3. Office/Business equipment and software qualified or trained to use: _____

4. Check special skills or training:
 Word Processing Windows Keyboarding _____ wpm Other (please specify): _____
 Customer Relations Spreadsheet Graphics _____
 Sales Marketing Phone Systems _____
5. Please indicate any language skills, other than English, below:

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR

EMPLOYMENT EXPERIENCE

THE FOLLOWING MUST BE COMPLETED IN DETAIL - RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION. BEGIN WITH YOUR PRESENT OR LAST JOB. ACCOUNT FOR ALL PERIODS OF TIME, INCLUDING MILITARY EXPERIENCE, AND PERIODS OF UNEMPLOYMENT AND THE NATURE OF YOUR ACTIVITIES. SINCE WE WILL MAKE EVERY EFFORT TO CONTACT PREVIOUS EMPLOYERS, THE CORRECT TELEPHONE NUMBERS ARE APPRECIATED.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number (s)	Supervisors Name & Title			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged Why?				
Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number (s)	Supervisors Name & Title			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged Why?				
Employer		Dates Employed		Key Responsibilities
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Address				
Telephone Number (s)	Supervisors Name & Title			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged Why?				
Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number (s)	Supervisors Name & Title			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged Why?				

EDUCATION and TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE		MAJOR	Circle Last Year
High School				9 10 11 12
Junior College		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2
College/University		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Graduate School		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Business, Trade, Night School		From: To:	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4

EMPLOYMENT REFERENCES

Name	Business Relationship	Address/Organization	Telephone
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			()
			()

ADDITIONAL INFORMATION

STATE ANY ADDITIONAL INFORMATION YOU FEEL WILL BE HELPFUL IN CONSIDERING YOUR APPLICATION

CERTIFICATION

APPLICANT: PLEASE READ AND INITIAL THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM

- I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statements will be sufficient reason for dismissal from the services of Yolo Fliers Club regardless of the time that has elapsed before discovery.
- I authorize Yolo Fliers Club or it's designated agents to contact my references and to investigate my past employment, credit history, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to Yolo Fliers Club from all liability or responsibility with respect to information supplied to Yolo Fliers Club.
- I understand that filing this application in no way assures me a position with Yolo Fliers Club, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at anytime, and at the option of either Yolo Fliers Club or myself. I further understand that no one other than the Manager of Yolo Fliers Club has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.
- If employed by Yolo Fliers Club, I agree to abide by the rules, policies and procedures of Yolo Fliers Club and subsequent rules, policies and procedures that may become effective after my employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening. I understand that Yolo Fliers Club believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of Yolo Fliers Club during the time of my employment.

Signature of Applicant

Date