

OCEAN STATE AVIATION

Employment Application



APPLICANT INFORMATION

Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.			Driver License #/State Issued			
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							

***Disqualifying Crimes: (under FAA regulations)**
 Forgery of certificates, false marking of aircrafts and other aircraft registration violations; Interference with air navigation; Improper transportation of hazardous material; Aircraft piracy; Interference with flight crew members or flight attendants; Commission of certain crimes aboard an aircraft in flight; Carrying a weapon or explosive aboard an aircraft; Conveying false information and threats; Aircraft piracy outside the special aircraft jurisdiction of the United States; Violations involving transporting controlled substances; Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements; The destruction of an aircraft or aircraft facility; Murder; Assault with intent to murder; Espionage; Sediton; Kidnapping or hostage taking; Treason; Rape or aggravated sexual abuse; Unlawful possession, use, sale, distribution. or manufacture of an explosive or weapon; Extortion; Armed robbery; Distribution of, or intent to distribute a controlled substance; Felony arson; Conspiracy or attempt to commit any of these criminal acts; or a finding of not guilty by reason of insanity for any of these criminal acts.

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					

Bilingual? If yes, what languages

REFERENCES

Please list three professional references.

Full Name				Relationship						
Company				Phone						
Full Name				Relationship						
Company				Phone						
Full Name				Relationship						
Company				Phone						

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"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

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
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