

## Pilot Shop

Last name      First      MI			For Personnel use only			Date of application		
Street address						Type(s) of work desired		Social Security number
City		State		ZIP		Home telephone		Work telephone
How were you referred to Northern Lights Avionics, Inc? (Circle only one.)	A By your college	B Advertisement	C Employment agency	D By an employee	If so, give name:	E Open house	F Walk-in	G Other

***Please read carefully and complete by printing in ink or typing.***

### ***An Equal Opportunity Employer***

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

### ***Provide all information requested.***

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

### ***Employment Record***

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present company		Type of business		Type or classification of job	
Street address			Phone number		Brief description of job duties
City	State	ZIP code			
Supervisor's name			Phone number		
Base salary	Dates worked				
	From	To			
Reason for leaving					
Last or present company		Type of business		Type or classification of job	
Street address			Phone number		Brief description of job duties
City	State	ZIP code			
Supervisor's name			Phone number		
Base salary	Dates worked				
	From	To			
Reason for leaving					

***Educational History***

School name	Location (city, state)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High school							
Technical/trade (after high school)							
College (list all attended)							
Other education/training							

***Outside Activities***

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional memberships, certificates, or licenses held

Past and present civic or cultural activities — include offices held

Principal hobbies

***Special Skills***

*To be completed by applicant for office/clerical work*

*To be completed by applicant for shop/plant work*

Typing	Yes No	Words per minute:	Type of machines operated	Years experience
Dictation	Yes No	Words per minute:		
Computer skills	Hardware Software			
Please list other skills and/or equipment/language experience you have acquired			List other shop/production skills	
			Served apprenticeship	Yes Type: No

