

Radio 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

