



HARVEY AIRFIELD, INC.

APPLICATION FOR EMPLOYMENT

9900 AIRPORT WAY, SNOHOMISH, WA 98296
 PHONE: (360) 568-1541 EXT 227 FAX: (360) 568-6034
 www.harveyfield.com ~ HRD@harveyfield.com

PERSONAL INFORMATION

DATE OF APPLICATION	DATE OF BIRTH	PLACE OF BIRTH	TELEPHONE NUMBER
			()
LAST NAME	FIRST NAME	MIDDLE NAME (IN FULL)	EMAIL ADDRESS
PRESENT ADDRESS (NUMBER AND STREET)			
CITY	STATE	ZIP	IF YOU ARE NOT A U.S. CITIZEN, PLEASE INDICATE YOUR AUTHORIZATION FOR

EMPLOYMENT DESIRED

DATE YOU CAN START	SALARY DESIRED	POSITION DESIRED	CURRENT EMPLOYER	PHONE NUMBER
MAY WE CONTACT YOUR CURRENT EMPLOYER? _____ YES _____ NO			ARE YOU WILLING TO COMMUTE? _____ YES _____ NO	
SUPERVISOR NAME: _____				
HAVE YOU PREVIOUSLY APPLIED AT HARVEY'S? _____ YES _____ NO		WERE YOU PREVIOUSLY EMPLOYED AT HARVEY'S? _____ YES _____ NO		
IF YES, WHEN? _____		IF YES, WHEN? _____		
WHAT POSITION? _____		WHAT POSITION? _____		

PREVIOUS EMPLOYMENT

PLEASE LIST YOUR MOST RECENT EMPLOYER FIRST			
	NAME AND PHONE NUMBER	POSITION/SUPERVISOR NAME	REASON FOR LEAVING
1.	FROM: _____ TO: _____		
2.	FROM: _____ TO: _____		
3.	FROM: _____ TO: _____		
4.	FROM: _____ TO: _____		

EDUCATIONAL HISTORY

SCHOOL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATION DATE	MAJOR AREA OF STUDY
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS				
OTHER EDUCATIONAL OR TRAINING				

PERSONAL REFERENCES

LIST THREE NON-RELATIVES WHOM YOU HAVE KNOWN FOR AT LEAST TWO YEARS.

NAME	ADDRESS	TELEPHONE	RELATIONSHIP	YEARS KNOWN

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNATURE

DATE

THESE AREA FOR OFFICE USE ONLY

INTERVIEWED BY:		INTERVIEW DATE:		
REMARKS:				
NEATNESS:	PERSONALITY:	SPECIAL SKILLS:	LIMITATIONS:	
DATE OF HIRE:	DIVISION:	POSITION:	STARTING DATE:	SALARY OR WAGE:
APPROVED BY:		EMPLOYMENT MANAGER:		SUPERVISOR: