



Aviatrix, Inc.
 22831 Forest Creek Dr. Suite A
 Sherwood, OR 97140
 Ph (503) 925-7970
 Fax (503) 925-7980
 M-F 7am – 4pm
 www.aviatrixusa.com

APPLICATION FOR EMPLOYMENT

*You must complete this application in full to be considered for employment.
 Resumes may be attached but are not substitutable for this form.*

POSITION INFORMATION	
Job applied for	Today's date
How did you learn of this position?	

APPLICANT INFORMATION			
Last name	First name	Middle name or initial	
Current address (street and number, city, and state)		How long have you lived there? Years: Months:	
Former address (street and number, city, and state)		How long did you live there? Years: Months:	
Daytime telephone number (including area code)		Alternate telephone number (including area code)	
E-mail address			Date available to begin work
Have you ever used another name? If Yes, please indicate the name(s):		Yes	No
Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If Yes, please explain:		Yes	No
Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying?		Yes	No
Are you at least 18 years of age?		Yes	No
Are you a US Citizen?		Yes	No
Do you have adequate transportation to and from work?		Yes	No

EDUCATION & TRAINING HISTORY				
School Name and Location	Years completed	Diploma/degree	Course of study or major	Specialized training, experience, skills, extracurricular activities.
High school				
College/University				
Graduate/Professional				
Trade or correspondence				
Other				

EMPLOYMENT HISTORY			
Please describe your employment for at least the past five years, and any prior experience relevant to this position. Please list the names of your employers in chronological order with present or last employer listed first. (Attach additional pages if necessary.) If self-employed, give firm name and supply business references.			
Job Number 1 (current or most recent position)			
Name of employer		Kind of business	
Employer's address		Name and title of last supervisor	
Telephone		Reason for leaving	
From (month/year)	To (month/year)	Starting pay: \$	per
		Final pay: \$	per
Your title or position		Hours per week (average)	full time/part time
Duties/responsibilities			
May we contact this employer? Yes No			

Job Number 2		
Name of employer	Kind of business	
Employer's address	Name and title of last supervisor	
Telephone	Reason for leaving	
From (month/year)	To (month/year)	Starting pay: \$ per Final pay: \$ per
Your title or position	Hours per week (average)	full time/part time
Duties/responsibilities		
May we contact this employer? Yes No		

Job Number 3		
Name of employer	Kind of business	
Employer's address	Name and title of last supervisor	
Telephone	Reason for leaving	
From (month/year)	To (month/year)	Starting pay: \$ per Final pay: \$ per
Your title or position	Hours per week (average)	full time/part time
Duties/responsibilities		
May we contact this employer? Yes No		

Job Number 4		
Name of employer	Kind of business	
Employer's address	Name and title of last supervisor	
Telephone	Reason for leaving	
From (month/year)	To (month/year)	Starting pay: \$ per Final pay: \$ per
Your title or position	Hours per week (average)	full time/part time
Duties/responsibilities		
May we contact this employer? Yes No		

ADDITIONAL INFORMATION					
Have you been terminated or asked to resign from any job within the past five years? If Yes, please explain:				Yes	No
How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?					
Year	Number of days	Year	Number of days	Year	Number of days
Please explain any gaps in your employment history:					
Please describe your computer skills:					
Please indicate any experience, training, and qualifications that you have which you feel are relevant to the position for which you are applying, which are not covered above or in your answers to the supplemental questions. Volunteer experience may be included.					
Do you have any additional interests or hobbies? (optional)					

PERSONAL REFERENCES				
Please list persons who know you well (not previous employers or relatives).				
Name	Occupation	Relationship	Telephone number	Number of years known

CERTIFICATION & SIGNATURE	
I certify that all of the information that I have provided on this application is true and accurate.	
Signature	Date
Aviatix, Inc. reserves the right to terminate any employee at any time if it is discovered that they have lied on this application form.	

This application will be considered active only for the hiring of the position indicated on Page 1.
Return your completed application to your point of contact via email, fax, or mail. **KEEP A COPY OF YOUR APPLICATION.**