



ALOHA CONTRACT SERVICES

EMPLOYMENT APPLICATION

It is the policy of Pacific Air Cargo to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

1.

Applicant Name: _____

Aliases/Nicknames: _____

Address: _____

City/State/Zip: _____

Number of years at this address: _____

Daytime phone: _____ Evening phone: _____

Social Security Number: _____

Birth date: _____

2.

Job Position Applied For: _____

3.

Salary Desired: \$ _____ per _____

Salary Earned At Previous Job: _____

4.

Driver's License Number: _____

What state issued your license? _____

5.

Are you willing to work any shift, including nights and weekends? _____ Yes _____ No

If no, please state any limitations:

6.

U.S MILITARY OR NAVAL SERVICE? _____ Yes _____ No

RANK _____

7.

If you are offered employment, when would you be available to begin work?

8.

Are you legally eligible for employment in the United States? _____ Yes _____ No

9.

Applicant Employment History (For the past 10 Years): Please List your current or most recent employment first. *****PLEASE LIST EXPLANATION OF ANY GAPS IN EMPLOYMENT OF 12 MONTHS OR MORE*****

Employer Name: _____
Phone Number: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Phone Number: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Phone Number: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Phone Number: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

(10 Year Employment Verification Cont.)

Employer Name: _____
Phone Number: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____



Employer Name: _____
 Phone Number: _____
 Address: _____
 City/State/Zip: _____
 Job Duties: _____
 Reason for Leaving: _____
 Dates of Employment (Month/Year): _____

10.
 Applicant's Education and Training: List your education and training.

High School Name and Address

 Last Grade? ____ 9 ____ 10 ____ 11 ____ 12 Diploma? ____ Yes ____ No

College Name and Address

 Did you receive a degree? ____ Yes ____ No If yes, degree received: _____

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

11.
 Applicant's Skills: Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
[] Accounting/Bookkeeping	_____	1 2 3 4 5
[] Filing	_____	1 2 3 4 5
[] Customer Service/Phones	_____	1 2 3 4 5
[] Air Freight	_____	1 2 3 4 5

12.
 Do you have any medical conditions that would limit your ability to perform the duties of the position in which you are applying??

_____ If yes, please explain:

13.
 Please provide the reason you left your last job:



CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize Pacific Air Cargo to conduct an employment history verification and criminal history records check. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE