



**CONTINENTAL INDUSTRIES, INC.
AIRJET, INC.**

EMPLOYMENT APPLICATION
JOB PLACEMENT INFORMATION
PLEASE PRINT ALL INFORMATION

	LAST NAME	FIRST	MI	PHONE	DATE	SSN
	PRESENT ADDRESS (STREET)			(CITY)	(STATE)	(ZIP)
	PERMANENT ADDRESS (STREET)			(CITY)	(STATE)	(ZIP)
	REFERRED BY: (NAME OF AGENCY, NEWSPAPER, SCHOOL ETC.)					
	TYPE OF POSITION BEING APPLIED FOR:		FULL TIME		PART TIME	

EMPLOYMENT HISTORY
START WITH LAST OR PRESENT EMPLOYMENT, INCLUDE PART TIME AND SELF EMPLOYMENT. EXPLAIN PERIODS OF NON-EMPLOYMENT IN THE SEQUENCE.

	EMPLOYER	FROM	TO
		MO./YR.	MO./YR.
	ADDRESS	PHONE	
	POSITION	SUPERVISOR	
	MAJOR ACTIVITIES:	FULL TIME _____	
		PART TIME _____	
		HOURS/WK. _____	
		BASE SALARY _____	
	NUMBER AND TITLES OF PEOPLE YOU SUPERVISED:	START	FINAL
	REASON FOR LEAVING:	OTHER COMPENSATION:	

	EMPLOYER	FROM	TO
		MO./YR.	MO./YR.
	ADDRESS	PHONE	
	POSITION	SUPERVISOR	
	MAJOR ACTIVITIES:	FULL TIME _____	
		PART TIME _____	
		HOURS/WK. _____	
		BASE SALARY _____	
	NUMBER AND TITLES OF PEOPLE YOU SUPERVISED:	START	FINAL
	REASON FOR LEAVING:	OTHER COMPENSATION:	

	EMPLOYER	FROM	TO
		MO./YR.	MO./YR.
	ADDRESS	PHONE	
	POSITION	SUPERVISOR	
	MAJOR ACTIVITIES:	FULL TIME _____	
		PART TIME _____	
		HOURS/WK. _____	
		BASE SALARY _____	
	NUMBER AND TITLES OF PEOPLE YOU SUPERVISED:	START	FINAL
	REASON FOR LEAVING:	OTHER COMPENSATION:	

	MAY WE INQUIRE OF YOUR EMPLOYER? _____
	WHAT ARE YOUR GREATEST STRENGTHS? _____
	WHAT ARE YOUR GREATEST WEAKNESS? _____
	ANY EXPERIENCE OR SKILLS THAT YOU FEEL MAY HELP YOU QUALIFY FOR A POSITION WITH THIS COMPANY? _____

EDUCATION:

FROM MO./YR.	TO MO./YR.	NAME AND ADDRESS OF SCHOOL	MAJOR OR COURSE	GRADUATE	DEGREE
		HIGH OR PREP SCHOOL			
		BUSINESS OR SPECIAL			
		COLLEGE			
		COLLEGE OR GRADUATE SCHOOL			
		OTHER			

MILITARY SERVICE RECORD

HAVE YOU SERVED IN THE ARMED FORCES?	FROM	TO
BRANCH	DUTIES	
RANK AT ENLISTMENT	AT DISCHARGE	
TYPE OF DISCHARGE		
ANY DISABILITY?		

SPECIAL SKILLS

OFFICE/PRODUCTION MACHINES YOU CAN OPERATE _____
TYPING SPEED (W.P.M.) _____ STENO SPEED (W.P.M.) _____
WHAT ARE YOUR HOBBIES, AVOCATIONS OR RECREATIONAL ACTIVITIES? _____
(EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATE THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF IT'S MEMBERS)

HAVE YOU HAD A TETANUS SHOT IN THE LAST 5 YEARS?
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE U.S.?
* DATE OF BIRTH _____ *HEIGHT _____ *WEIGHT _____
WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS?
YES NO DESCRIBE:
DO YOU SMOKE?
ARE YOU PRESENTLY UNDER A DOCTORS CARE AND/OR TAKING ANY DRUGS OR MEDICATION OF ANY KIND?
YES NO DESCRIBE:
DO YOU HAVE ANY PHYSICAL OR MENTAL DEFECTS?
IN CASE OF EMERGENCY PLEASE CONTACT:

* YOU ARE NOT REQUIRED TO ANSWER THESE QUESTIONS

AFFIDAVIT
Please Read Carefully

I authorize, without liability, investigation of all statements in this application. I expressly waive all provisions of law prohibiting any physician, person hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the Company any knowledge or information thereby acquired. I authorize all schools which I have attended and all previous employers to furnish to the Company my record, reason for leaving and all information they may have concerning me and I hereby release them and the Company from all liability for any damage whatsoever arising therefrom.

Notice: The Fair Credit Reporting Act (Public Law 81-508) requires we notify you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as the nature and scope of the report, if one is made, will be provided.

All information obtained will be kept in strict confidence.

I understand that misrepresentation or omission of facts requested is cause for dismissal. Further, I understand and agree, that the first ninety calendar days of my employment is a probationary period and I may be dismissed during this time without previous notice.

Date: _____ Signature: _____