



INDUSTRIES, CORP.

SERVING THE AVIATION INDUSTRY SINCE 1970

4550 U.S. Hwy 1 * Grant, Florida 32949 * Tel (321)952-1303 * Fax (321)951-7590 * Email quality@carpindustries.com

EMPLOYMENT APPLICATION

DATE _____

(PLEASE PRINT)

Position(s) Applied For _____

Name _____

Last

First

Middle

Address _____

Number

Street

City

State

Zip Code

Telephone(_____) _____ Social Security Number _____

Person to contact in case of an emergency _____ Tel.(_____) _____ Relation _____

Dependents _____ Drivers License No. _____

(OPTIONAL) Marital Status: Married Single Divorced

Date of Birth _____

Are you employed now? YES NO

Are you on lay-off and subject to recall? YES NO

May we contact your past/present employer? YES NO

On what date would you be available for work? _____

Are you available to work: Full Time Part-Time Shift Work Temporary

Salary desired _____

If employed and you are under 18, can you furnish a work permit? YES NO

Are you prevented from lawfully becoming employed in this country Because of Visa or Immigration Status? YES NO

(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

Have you ever been convicted of a felony within the last 7 years? YES NO

If Yes, please explain _____

Do you read and write a foreign language? YES NO If so indicate which language _____

EDUCATION

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE		COURSE OF STUDY
High School				
College		MAJOR	DEGREE	
Other				

OTHER SKILLS AND INTERESTS



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WORK EXPERIENCE

List present or most recent employment first:

1	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
Address					
Job Title			Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
2	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
Address					
Job Title			Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
3	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
Address					
Job Title			Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					

REFERENCES

NAME	TELEPHONE	YEARS KNOWN

APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements Contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

REMARKS