

Alpine Air, Inc. Employment Application

Date:

Name:

Address:

State/Province:

Zip/Postal Code:

SS Number:

Home Phone:

Cell Phone:

Positions Applied for:

Salary Desired:

Hours Available to Work:

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

☐ Full-Time ☐ part-time ☐ Full or part-time

When available to begin work?

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

Have you ever been convicted of a crime: ☐ yes ☐ no

If yes, please explain

Do you have a drivers license? ☐ yes ☐ no

State of issue:

Have you had any accidents in the past 3 years?

☐ yes ☐ no

How many?

Do you had any moving violations in the past 3 years?

☐ yes ☐ no

How many?

Continue on the next page

Alpine Air, Inc.
6185 Demaggio Rd
Jacksonville, Florida 32244
Phone: 904 509 5020
www.alpineairjax.com

Please complete this form, print it out, and mail it to us. You may e-mail the form as well however we **MUST** have a completed printed application prior to considering you for an interview.

Alpine Air, Inc. is a drug free workplace. We screen all applicants for employment with both a criminal background check and a preemployment drug screen.

We also reserve the right to request a drug test from our employees at any time during your employment with us. Failure of a drug screen at any time is considered grounds for and will result in immediate termination of employment..

☐ I understand that a drug screen and criminal background check will be performed prior to my employment.

☐ I further understand that I am required to remain drug free as a condition of my continued employment.

☐ I also understand that this is an application for employment and not an offer of employment.

Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: ☐ yes ☐ no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: ☐ yes ☐ no

Continue on the next page

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: ☐ yes ☐ no

Skills:

Typing:

Computer: ☐ PC ☐ Mac ☐ Both

Applications (list all that apply):

Languages Other Than English Spoken & Other Skills:

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

Name

Signed By
