

# APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

## PERSONAL DATA

Name in full \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Last First Middle (Other)

Present Address \_\_\_\_\_  
 Street City State Zip

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you related to anyone now employed by Woods Air Movement Ltd, or any of its association companies?  Yes  No

If yes, indicate name, relationship and company where employed. \_\_\_\_\_  
 \_\_\_\_\_

## PROFESSIONAL INFORMATION

Type of work desired (1<sup>st</sup> choice) \_\_\_\_\_ (2<sup>nd</sup> choice) \_\_\_\_\_

Date available for employment \_\_\_\_\_ Salary Expected \_\_\_\_\_

Location preference (if any) \_\_\_\_\_

Would you like full-time  or part-time  employment?

## EDUCATION

| School Name and Address  | HIGH SCHOOL                      |   |    |    | GED | TRADE SCHOOL          |   |                |   |
|--------------------------|----------------------------------|---|----|----|-----|-----------------------|---|----------------|---|
|                          | Check Highest Level Completed    | 9 | 10 | 11 | 12  |                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Dates Attended |   |
| Diploma/Degree Earned    |                                  |   |    |    |     |                       |   |                |   |
| Describe Course of Study |                                  |   |    |    |     |                       |   |                |   |
| Grade Point Average      |                                  |   |    |    |     |                       |   |                |   |
|                          |                                  |   |    |    |     |                       |   |                |   |
| School Name and Address  | UNDERGRADUATE COLLEGE/UNIVERSITY |   |    |    |     | GRADUATE/PROFESSIONAL |   |                |   |
|                          | Check Highest Level Completed    | 1 | 2  | 3  |     | 4                     | 1   | 2              | 3 |
| Dates Attended           |                                  |   |    |    |     |                       |   |                |   |
| Diploma/Degree Earned    |                                  |   |    |    |     |                       |   |                |   |
| Describe Course of Study | Major:                           |   |    |    |     | Major:                |   |                |   |
|                          | Minor:                           |   |    |    |     | Minor:                |   |                |   |
| Grade Point Average      |                                  |   |    |    |     |                       |   |                |   |

Additional Educational Plans: \_\_\_\_\_

Describe any special training you have received (including training with former employers) \_\_\_\_\_  
 \_\_\_\_\_

In which subjects were you most interested? \_\_\_\_\_

Academic honors received (Prizes, Fellowships, Scholarships) \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT HISTORY

Show employment history (most recent first) for at least 10 years or from the time you left school (supplemental sheet available). Consider each major promotion in a company as a new job. Omit military service. Explain gaps in employment history. You may attach a resume, but you must complete the employment section. This information will be used in reference checks. Failure to answer all items in the following section may eliminate you from further consideration.

| Name & Address of Employer | Phone # | Supervisor | Duties | Mo., Day, Yr. Employed | Salary             | Reason for Leaving |
|----------------------------|---------|------------|--------|------------------------|--------------------|--------------------|
|                            |         |            |        | From<br>To             | \$<br>_____<br>per |                    |
|                            |         |            |        | From<br>To             | \$<br>_____<br>per |                    |
|                            |         |            |        | From<br>To             | \$<br>_____<br>per |                    |
|                            |         |            |        | From<br>To             | \$<br>_____<br>per |                    |
|                            |         |            |        | From<br>To             | \$<br>_____<br>per |                    |

May we contact your present employer?  Yes  No

Additional comment (duties, supervisory responsibilities, etc.) related to above \_\_\_\_\_  
\_\_\_\_\_

Are you now employed? \_\_\_\_\_ Could you remain there? \_\_\_\_\_

## REFERENCES

| Name | Work/Home Ph. | Address | Occupation |
|------|---------------|---------|------------|
|      |               |         |            |
|      |               |         |            |

## CLERICAL INFORMATION

Applicants for clerical positions please complete the following block:

|   |                   |                              |                     |                            |            |
|---|-------------------|------------------------------|---------------------|----------------------------|------------|
| Check the business courses you have completed.                    |                   |                              |                     |                            |            |
| Management  | Clerical Practice | Bookkeeping                  | Filing              | Secretarial Practice       | Accounting |
| Other _____   |                   |                              |                     | Present Typing Speed _____ |            |
| Please check which business machines you can operate efficiently: |                   |                              |                     |                            |            |
| Calculator  | Switchboard/PBX   | Copier                       | Dictating Equipment | Personal Computer          |            |
| Other _____   |                   | Software Packages Used _____ |                     |                            |            |

### PLEASE READ THE FOLLOWING CAREFULLY AND ADD YOUR SIGNATURE IN THE SPACE PROVIDED

I hereby certify that my answers to all questions herein are true. Woods Air Movement has my permission to communicate with my present and past employers and schools I have attended in determining my qualifications for employment. I also understand that Woods Air Movement in compliance with the Fair Credit Reporting Act, may make a routine inquiry as part of its normal employment procedure concerning my character, general reputation, personal characteristics, and mode of living. Upon my written request, additional information as to the nature and scope of the report, if one is made, will be provided to me. I understand that, if I am employed and if any statement herein is not true or if my references are not entirely satisfactory to my employer, I may be released immediately.

Woods Air Movement reserves the right to conduct pre-employment drug testing (drug testing will automatically be conducted when legally mandated) and may require criminal background checks.

Except where otherwise specified in writing, all employment is "at will." Employment may be terminated at any time with or without notice by the employer or the employee. The submission of an application does not obligate the employer to hire the applicant. Proof of citizenship or immigration status will be required upon employment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Upon completion, please email to [jamie.slowgrove@flaktgroup.com](mailto:jamie.slowgrove@flaktgroup.com)

EOE M/F/D/V

Woods Air Movement Ltd complies with all applicable nondiscrimination and affirmative action requirements of Section 503 of the Rehabilitation Act of 1973 and regulations 20 CFR Part 741, regarding the employment of handicapped individuals; equal opportunity requirements of Executive Order 11246, as amended, 41 CFR Part 80-1; Federal Fair Labor Standards Act of 1938, as amended; nondiscrimination and affirmative action requirements of Section 503 of the Rehabilitation Act of 1973 and 20 CFR Part 741; Section 503 of the Veterans Employment and Readjustment Act of 1972 and 41CFR Part 50-250

# Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government recordkeeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a confidential file and are not a part of your Application for Employment or personnel file.

**YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA ON THIS SURVEY WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

## Voluntary Survey

(Please Print)

Date \_\_\_\_\_

|  |  |   |  |                                  |   |  |
|--|--|---|--|----------------------------------|---|--|
| Name   |  |   |  |                                  |   |  |
| Address  |  |   |  |                                  |   |  |
| City   | State  | Zip   |  |                                  |   |  |
| Social Security No.  |  |   |  |                                  |   |  |
| How did you become aware of Woods Air Movement Ltd?                          |  |   |  |                                  |   |  |
| <input type="checkbox"/> Walk In   | <input type="checkbox"/> Government Agency         | <input type="checkbox"/> Business Referral              | <input type="checkbox"/> College/University        | <input type="checkbox"/> Mail In |   |  |
| <input type="checkbox"/> Employee Referral                                   | <input type="checkbox"/> Private Employment Agency | <input type="checkbox"/> Former Employee                | <input type="checkbox"/> Advertisement             |                                  |   |  |
| Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female Age |  |   |  |                                  |   |  |
| Check one of the following (ethnic origin)                                   |  |   |  |                                  |   |  |
| <input type="checkbox"/> White   | <input type="checkbox"/> Hispanic or Latino        | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other   | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Two or More Races |
| Check if any of the following are applicable.                                |  |   |  |                                  |   |  |
| <input type="checkbox"/> World War II Veteran                                | <input type="checkbox"/> Vietnam Era Veteran       | <input type="checkbox"/> Korean War Veteran             | <input type="checkbox"/> Other Veteran             |                                  |   |  |
| <input type="checkbox"/> Disabled Veteran                                    | <input type="checkbox"/> No Veteran Status         | <input type="checkbox"/> Individual with a Disability   |  |                                  |   |  |