



Application for Employment

Columbus Airhouse, LLC

An Equal Opportunity Employer

First Name:		Last Name:		Middle Initial:
SSN:	Phone #:		Email:	
Do you have a drivers license: If no, do you have a reliable ride?		Yes	No	Driver's License #:
		Yes	No	

IN CASE OF EMERGENCY NOTIFY

First Name:	Last Name:	Phone #:
Is there anything preventing you from being lawfully employed in the United States?	Yes	No
Are you 18 years of age or older?	Yes	No
Have you ever worked or attended school under a different name?	Yes	No
Have you ever applied to work here before? If yes, when?	Yes	No
Do you have relatives currently employed with Airhouse Adventure Park? If yes, please list name and location?	Yes	No
Do you have any limitations that would prevent you from performing the duties of the position you are applying for? If yes, explain:	Yes	No
Have you ever been convicted of an offense other than a minor traffic violation? (DUI convictions are NOT minor and must be reported.)	Yes	No
Have you ever been convicted of a felony?	Yes	No
Have you ever been convicted of a sex-related offense?	Yes	No
Have you ever been convicted of a drug-related offense?	Yes	No
Have you ever been convicted for an act of violence, including domestic violence?	Yes	No

School History	Type of School	Name & Location	Did you graduate?		Degree
	High School		Yes	No	
	Trade School or Junior College		Yes	No	
	College or University		Yes	No	
	Graduate School		Yes	No	
	Military or Other		Yes	No	

Employment History for the last 5 years. Starting with the most recent.					
Employment History #1	Employer:			Phone #:	
	Address:			Start Date:	
	Supervisor Name:			End Date:	
	Supervisor Contact #:			Starting Pay:	
	May we contact this person: Yes No			Ending Pay:	
	Title or Position:				
	Duties & Responsibilities:				
	Reason for Leaving:				
Employment History #2	Employer:			Phone #:	
	Address:			Start Date:	
	Supervisor Name:			End Date:	
	Supervisor Contact #:			Starting Pay:	
	May we contact this person: Yes No			Ending Pay:	
	Title or Position:				
	Duties & Responsibilities:				
	Reason for Leaving:				
Employment History #2	Employer:			Phone #:	
	Address:			Start Date:	
	Supervisor Name:			End Date:	
	Supervisor Contact #:			Starting Pay:	
	May we contact this person: Yes No			Ending Pay:	
	Title or Position:				
	Duties & Responsibility:				
	Reason for Leaving?				
References <small>Do not include family members or people who live with you.</small>	Name	Address	Phone #	Occupation	Years Known

I certify the information contained in this application is true and complete to the best of my knowledge. Any misrepresentation or omissions of any fact in my application can be justification for refusal of employment or if employed grounds for termination. I authorize the company to investigate all statements contained in this application and release all parties from any liability for any damage that may result. I understand that my employment may be terminated with or without cause or notice, at any time, at the discretion of either the company or myself.

Signature: _____ Date: _____