

Columbia Pacific Aviation, Inc.

7610 Andrews St. NE Moses Lake, WA 98837 (509) 762-1016

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION Date___ Name Last Middle Maiden Present address _ Number Street City State Zip Social Security Number: _____ Telephone (____) E-mail **EMPLOYMENT DESIRED** Position(s) applied for _____ ☐FULL-TIME ONLY **Employment desired** □PART-TIME ONLY **□**SEASONAL When are you available to start work?

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	QUALIFICATION OBTAINED	MAJOR & SPECIALISATION	NUMBER OF YEARS COMPLETED
High School				
College/University or				
Vocational School				
Professional or Graduate School				



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WORK EXPERIENCE

Please list your work experience for the past three years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer	Name of last supervisor	Employment dates	Pay or salary		
Address	- Capervicoi				
City, State, Zip					
Phone number		From	Start		
		То	Final		
	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancem	nents or promotions while	you worked at this comp	any.		
Name of Employer_	Name of last	Employment dates	Pay or salary		
	supervisor				
Address					
City, State, Zip		From	Start		
Phone number		То	Final		
	Your Last Job Title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancem	nents or promotions while	you worked at this compa	any.		
	·		•		
Name of Employer	Name of last supervisor	Employment dates	Pay or salary		
Address					
City, State, Zip		_			
Phone number		From	Start		
		То	Final		
	Your Last Job Title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancen	nents or promotions while	you worked at this comp	any.		



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If hired, would you have a reliable means of transportati	□ Yes	□ No				
Are you able to perform the essential functions for the jo	ob you are applying for,					
Either with or without reasonable accommodations?		☐ Yes	□ No			
If no, describe the functions of the job you cannot perfo	rm:					
Are you currently employed?	☐ Yes	□ No				
May we contact your present employer?	☐ Yes	□ No				
Did you complete this application yourself?	☐ Yes	□ No				
If not, who did?						
Have you ever been employed with Columbia Pacific Avi	ation?	□ Yes	□ No			
If yes, when?						
Do you have any friends or relatives employed by Colum	nbia Pacific Aviation?	□ Yes	□ No			
If yes, please provide their names and relationship to yo		_	-			
DEFERENCES						
Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.						
Name		Occupation				
Company name	Address					
Telephone	E-mail	Years acquainted				
Name		Occupation				
Name		Occupation				
Company name	Address					
Telephone	E-mail	Years acquainted				
Name		Occupation				
Company name	Address					
Telephone	E-mail	Years acquainted				



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APPLICATION FORM WAIVER - PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Columbia Pacific Aviation Inc, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Columbia Pacific Aviation Inc, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of Columbia Pacific Aviation Inc. Both the undersigned and Columbia Pacific Aviation Inc may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Columbia Pacific Aviation Inc may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Columbia Pacific Aviation Inc permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Columbia Pacific Aviation Inc from any liability as a result of such contract.

I also understand that (1) Columbia Pacific Aviation Inc has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of your employment application, Columbia Pacific Aviation Inc. may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, Columbia Pacific Aviation, will provide me with additional information concerning the nature and scope of any such report requested by it.

I understand that, I will be subject to a background check per airport security and insurance guidelines.

I further understand that my employment with Columbia Pacific Aviation, Inc. shall be probationary for a period of ninety (90) days, and that at any time during the probationary period or thereafter, my employment relation with Columbia Pacific Aviation Inc. is terminable at will for any reason by either party.

Signature		
Date		