



Work location	Hire date
Pay rate	Position

TELEPHONE (863)956-3300
 2073 Highway 92 W
 Winterhaven, FL 33881

Applicant: We appreciate your interest in our organization and are sincerely interested in your qualifications. For a clear understanding of your background and work history, please complete this application thoroughly and in a detailed manner for assisting us in possible future hiring or upgrading. Application will remain active for six months.

DATE OF APPLICATION: _____

NAME _____ SOCIAL SECURITY NO. _____
LAST FIRST MI

PRESENT ADDRESS _____
STREET CITY STATE ZIP

HOME TELEPHONE NUMBER (____) _____ CELL PHONE NUMBER (____) _____

PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE) _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT TELEPHONE NO. (____) _____ (Other than home phone number)

POSITION(S) APPLYING FOR: _____

ACCEPTABLE SALARY _____ (Yearly or Hourly)

OTHER POSITIONS QUALIFIED FOR OR INTERESTED IN _____

ARE YOU WILLING TO WORK EITHER NIGHT OR DAY SHIFTS? YES: _____ NO: _____

WHAT DATE ARE YOU AVAILABLE TO REPORT TO WORK? _____

PERSONAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

If so, explain in detail.

HAVE YOU EVER BEEN CONVICTED OF A DUI (DRIVING UNDER THE INFLUENCE) OF ALCOHOL OR DRUGS?

If so, explain in detail. YES NO

NAME OF PERSONAL ACQUAINTANCES, IF ANY, IN OUR EMPLOY _____

EDUCATION

CIRCLE THE NUMBER OF SCHOOL YEARS ATTENDED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4 5

COMPLETE THE APPLICABLE INFORMATION BELOW.

HIGH SCHOOL	NAME	LOCATION	NO. OF YRS. COMPLETED	_____	YEAR GRADUATED	_____	COURSE STUDY	_____
COLLEGE	NAME	LOCATION	NO. OF YRS. COMPLETED	_____	YEAR GRADUATED	_____	DEGREE / COURSE	_____
OTHER	NAME	LOCATION	NO. OF YRS. COMPLETED	_____	YEAR GRADUATED	_____	DEGREE / COURSE	_____

BUSINESS EXPERIENCE

Beginning with the most recent, show all positions you have held, including U.S. Military.

FROM	TO	COMPANY	ADDRESS	DUTIES PERFORMED	MONTHLY EARNINGS		REASON FOR LEAVING
					START	END	

If needed, use back of this sheet for additional business experience information.

PHYSICAL / PERSONAL DATA

HEIGHT _____ WEIGHT _____ DO YOU WEAR GLASSES? _____ PRESENT HEALTH CONDITION _____

DATE AND CLASS OF LAST PHYSICAL _____ WHAT PURPOSE _____ DID YOU PASS Yes _____ No _____

LIST ANY CURRENT PHYSICAL DEFECTS _____ IN PAST TWO YEARS _____

HAVE YOU EVER SUFFERED ANY SERIOUS INJURY OR ILLNESS? _____

WHAT IDENTIFYING MARKS OR SCARS DO YOU HAVE? _____

THIS SECTION FOR PILOTS

NOTE: ALL FLYING TIMES MUST BE SUBSTANTIATED BY CERTIFIED LOG OR RECORD.

PILOT CERTIFICATE No. _____ RATINGS: _____

TOTAL HOURS _____ NIGHT _____ CROSS COUNTRY _____ ACTUAL INSTRUMENT _____

SIMULATED INSTRUMENT _____ MULTI-ENGINE _____ FIRST PILOT _____ CO-PILOT _____

TOTAL FLIGHT TIME AS FIRST PILOT BY TYPES OF AIRCRAFT _____

U.S. MILITARY PILOT RATING HELD _____

TRAINING IN METEOROLOGY _____ NAVIGATION _____

MECHANICAL TRAINING AND EXPERIENCE _____

NATURE AND DATE OF LICENSE WAIVERS _____
LIST: (CIRCUMSTANCES AND DATE)

(1) ACCIDENTS: _____

(2) VIOLATIONS: _____

THIS SECTION FOR MECHANICAL AND RADIO CERTIFICATIONS

MECHANICAL

LIST LICENSES: **AIRFRAME** _____ **POWERPLANT** _____
GIVE ORIGINAL DATE OF ISSUANCE

ARE YOU WILLING TO OBTAIN A COMPLETE SET OF TOOLS? _____

LIST TYPE OF AIRCRAFT, ENGINE AND EQUIPMENT EXPERIENCE: (DISTINGISH IF LINE MAINTENANCE OR OVERHAUL WORK) _____

RADIO

LIST ANY VALID RADIO LICENSE(S) _____ CLASS _____ LICENSE NO. _____

DATE AND PLACE OF ISSUE: _____

THIS SECTION FOR ADMINISTRATIVE AND CLERICAL

KEYBOARD OR TYPING SPEED _____-WPM

LIST ALL OFFICE EXPERIENCE (DUTIES) THAT MIGHT BE A FACTOR IN SELECTING YOU FOR EMPLOYMENT:

REFERENCES (PLEASE PROVIDE ALL INFORMATION REQUESTED)

NAME	ADDRESS	PHONE NO.	OCCUPATION
1.		()	
2.		()	
3.		()	
4.		()	
5.		()	

AGREEMENT (PLEASE READ COMPLETELY BEFORE SIGNING)

I HEREBY AUTHORIZE HOVA (HEREIN REFERRED TO AS COMPANY) AND ALSO AUTHORIZE AND REQUEST EACH FORMER EMPLOYER AND PERSON, FIRM, OR CORPORATION GIVEN ABOVE AS A REFERENCE, TO ANSWER ANY QUESTIONS THAT MAY BE ASKED AND TO GIVE ANY INFORMATION THAT MAY BE SOUGHT IN CONNECTION WITH THIS APPLICATION OR CONCERNING ME, MY WORK HABITS, CHARACTER, OR SKILL.

I HEREBY AUTHORIZE THIS COMPANY TO FURNISH, AT ANY TIME IN THE FUTURE, UPON REQUEST OF ANY PARTY OR OF THE SURETY COMPANY BY WHICH I MAY BE BONDED, REPORTS AND ANY INFORMATION RELATIVE TO MY RECORD AND SERVICES WITH AND FOR THIS COMPANY.

I AGREE TO SUBMIT MYSELF, UPON REQUEST, FOR PHYSICAL EXAMINATION BY THE COMPANY'S PHYSICIAN AND UNDERSTAND THAT FAILING TO PASS SAID EXAMINATION I WILL NOT BE RETAINED IN THE COMPANY'S SERVICE. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE THAT IF AT ANY TIME I SHALL MAKE CLAIMS AGAINST THE COMPANY FOR PERSONAL INJURIES, I WILL SUBMIT TO EXAMINATION BY PHYSICIANS OF THE COMPANY'S SELECTION, AS OFTEN AS MAY BE REQUESTED.

IN FURTHER CONSIDERATION OF MY EMPLOYMENT, I AUTHORIZE THE COMPANY, ITS SUCCESSORS, AGENTS, ASSIGNS, CUSTOMERS AND PURCHASERS TO COPYRIGHT, SELL, USE AND PUBLISH ALL NEGATIVES MADE OF ME AT ANY TIME AND ALL PHOTOGRAPHIC PRINTS OR OTHER REPRODUCTIONS, FROM ALL OR ANY PART THEREOF, INCLUDING MAKING ALTERING, OR ADDING TO THE SAME, FOR PUBLICATION, ADVERTISING, TESTIMONIAL, AND ANY AND ALL COMMERCIAL PURPOSES WHATSOEVER WITH OR WITHOUT USING MY NAME. IF THE COMPANY IS SUBJECT TO AND IS OPERATING UNDER THE WORKER'S COMPENSATION LAW, EITHER AS A SELF-INSURER OR BY PROVIDING FOR COMPENSATION THROUGH SOME INSURANCE CARRIER, I AGREE IN CASE OF INJURY, TO ACCEPT COMPENSATION WHERE APPLICABLE, AND I HEREBY WAIVE ALL ACTIONS AT LAW FOR DAMAGES.

SHOULD I BE GIVEN EMPLOYMENT BY HOVA, EITHER THE POSITION APPLIED FOR OR SOME OTHER POSITION, NOW OR HEREAFTER, I HEREBY AGREE THAT SUCH EMPLOYMENT MAY BE TERMINATED BY YOU AT ANY TIME WITHOUT ADVANCE NOTICE AND WITHOUT LIABILITY TO ME FOR WAGES OR SALARY, EXCEPT SUCH AS MAY HAVE BEEN EARNED AT THE DATE OF TERMINATION. I FURTHER AGREE AND UNDERSTAND THAT THE COMPANY PERSONNEL MANUAL IS FOR GUIDANCE AND CAN BE CHANGED AT ANY TIME AT THE DISCRETION OF THE COMPANY.

THE FOREGOING APPLICATION SHALL BE CONSTRUED TO APPLY TO ALL POSITIONS THAT I MAY HEREAFTER HOLD WITH HOVA, THOUGH THE PARTICULAR POSITION FOR WHICH I NOW APPLY IS _____, AND UPON MY ENROLLMENT, I AGREE TO PROMPTLY FAMILIARIZE MYSELF WITH ALL GOVERNMENTAL AND COMPANY RULES AND REGULATIONS APPLYING TO SUCH POSITION OR POSITIONS AND TO FAITHFULLY ABIDE BY THEM.

I UNDERSTAND THAT APPOINTMENTS TO POSITIONS ARE INITIALLY ON A PROBATIONARY BASIS. THE PERIOD OF EMPLOYMENT DEPENDING UPON MY USEFULNESS TO HEART OF VIRGINIA AVIATION. THE COMPANY PROBATIONARY PERIOD IS SET AT 90 DAYS; HOWEVER, WHEN THE COMPANY DEEMS APPROPRIATE, IT CAN BE EXTENDED AS THE COMPANY DEEMS APPROPRIATE.

I HEREBY CERTIFY THAT THE ANSWERS GIVEN ON THIS APPLICATION ARE FULL AND TRUE AND I AGREE BY SIGNING BELOW THAT ANY MATERIAL MISSTATEMENT OF FACTS SHALL BE GROUNDS FOR DISMISSAL.

DATE: _____ SIGNATURE: _____
(SIGN IN INK)

FOR COMPANY USE:

INTERVIEWED BY: _____ DATE: _____