

Employment History (List present or most recent positions first)

1. Name of Employer:		Address: (Street, City, State, and Zip Code)	
Type of Business:	Dates of Employment:	Your Position/Title:	

Duties:

Name and Position of Immediate Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Number:
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Reason for leaving:

2. Name of Employer:		Address: (Street, City, State, and Zip Code)	
Type of Business:	Dates of Employment:	Your Position/Title:	

Duties:

Name and Position of Immediate Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Number:
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Reason for leaving:

3. Name of Employer:		Address: (Street, City, State, and Zip Code)	
Type of Business:	Dates of Employment:	Your Position/Title:	

Duties:

Name and Position of Immediate Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Number:
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Reason for leaving:

Have you ever been convicted of a felony?
 YES NO

References (Other than relatives or former employers)

Name	Occupation	Phone Number

List the name(s) of any person(s) you know in the company to which you are applying:

Thank you for your interest in seeking employment with us - please feel free to make any additional remarks in the space provided below or attach any additional information that would be helpful in evaluating your qualifications.

Your Additional Remarks:

Please Read Carefully

I certify that the information contained herein is true, factual, and complete to the best of my knowledge. I further understand that omission of any part of this application will disqualify me for the position applied. I understand that willful omission or falsification of any portion of this application will be grounds for disqualification, as well as grounds for termination if an offer of employment is extended.

I agree to comply with all company policies and procedures, and understand that my employment is "at will", and can be terminated either by me or by the company at any time and for any reason. I understand that my status as an "employee at will" cannot be altered except by written contract signed by the company CEO.

By signing this document, I authorize Mercy Flight Central, Inc. to perform a background investigation, including verification of references, current and prior employment, and records of criminal history. I understand that Mercy Flight Central, Inc. maintains a drug-free workplace, and should I receive a conditional offer of employment, I consent to a pre-employment drug screening as well as random drug testing on a periodic basis.

Date

Applicant Signature

Mercy Flight Central, Inc. is an equal opportunity employer, and does not discriminate based on gender, race, color, national origin, religion or sexual orientation.