Solomon Airlines

Applicant Personal Information

First Name : _____

Middle Name : _____

Last Name : _____

Address : _____

Phone Number: (___)_____

Email Address: _____

Date of Birth : _____

Denomination : _____

Marital status : _____

No. of Dependent(s): _____

Have you been convicted of or pleaded no contest to a felony within the last five years? [ ] Y or [ ] N. NB, A condition of employment will require you to obtain a police clearance.

If yes, please describe the crime - state the nature of the crime(s), when and where convicted, and the disposition (final settlement) of the case:

_____

Do you suffer from any medical condition? [ ] Y or [ ] N. NB, A condition of employment requires new entrants to have a medical check carried out by a Company nominated medical practitioner.

Position and Availability

Position Applying For: _____

Desired Salary : $_____

Are you applying for:

- Part-time work? [ ] Y or [ ] N
- Full-time work? [ ] Y or [ ] N

If applying for part-time work, indicate your desired length of employment below:

Start date: ___ / ___ / ___ End date: ____ / ____ / ____

Availability (NB, Solomon Airlines conducts a seven (7) days per week operation

Monday ____
Tuesday ____
Wednesday ____
Thursday ____
Friday ____
Saturday ____
Sunday ____

Hours Available: from _____ to _____

Are you available to work overtime? [ ] Y or [ ] N

Are you able to work on weekends/public holidays? [ ] Y or [ ] N

Education, Training and Experience

High School:

School Name	Address	Year	No. of Years Completed	Qualification

College/University:

School Name	Address	Year	No. of Years Completed	Qualification

Skills and Qualifications: Licenses, Skills, Training, Awards

_____

_____

Employment History

Are you currently employed? [ ] Y or [ ] N

If you are currently employed, may we contact your current employer? [ ] Y or [ ] N

Name of Employer:_____

Your Job Title: _____

Name of Supervisor:_____

Telephone Number:_____

Address:_____

Previous Employment History

Name of Employer:_____

Your Job Title: _____

Name of Employer:_____

Your Job Title: _____

Name of Employer:_____

Your Job Title: _____

References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

First and Last Name: _____
Telephone Number: _____
Email Address: _____
Address:_____
Occupation: _____

First and Last Name: _____
Telephone Number: _____
Email Address: _____
Address:_____
Occupation: _____

First and Last Name: _____
Telephone Number: _____
Email Address: _____
Address:_____
Occupation: _____

Certificates/Transcripts

Have you attached your certificates/transcripts relevant to the job you are applying for?

[ ] Y or [ ] N

Certification

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment if I am hired. I authorize the verification of any and all information listed above.

Signature: _____ Date: _____