



**Jordan Air, Inc.**  
1320 Greensboro Hwy  
P.O. Box 1649  
Watkinsville, GA 30677  
Phone: (706) 769-0661  
Fax: (706) 769-0651

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

### EMPLOYMENT DESIRED:

Position: \_\_\_\_\_

Salary/Hourly Rate desired: \_\_\_\_\_

How did you hear about us \_\_\_\_\_

Are you able to perform the essential functions of the position for which you are applying, with or without a reasonable accommodation?

YES [ ] NO [ ]

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

\_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible to be employed in the United States? YES [ ] NO [ ]

(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES [ ] NO [ ]

(If no, you may be required to provide authorization to work.)

Date you would be available to begin work? \_\_\_\_\_

Have you ever worked for this Company before? YES [ ] NO [ ]

If yes, when and where? \_\_\_\_\_ Date(s) \_\_\_\_\_

Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for the Company?

YES [ ] NO [ ] If yes, who and where do they work? \_\_\_\_\_  
\_\_\_\_\_

Are you available to work: (Please check all that apply)

**DAYS** [ ] **NIGHTS** [ ] **WEEKENDS** [ ] **FULL TIME** [ ] **PART TIME** [ ]

Days and Hours Available: (If employed, notification must be provided in writing should availability change.)

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Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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From:

To:

Are you presently employed? YES [ ] NO [ ]

If yes, may we contact your employer? YES [ ] NO [ ]

If presently employed, why are you considering leaving? \_\_\_\_\_

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<b>EDUCATION :</b>	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
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High School

College

Vocational/Trade

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES [ ] NO [ ]

If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.) \_\_\_\_\_

**EMPLOYMENT HISTORY:** Use an additional sheet of paper if more space is necessary.

Phone Number

Name of Employer

Full Address (Including Street, City, State & Zip)

Supervisor's Name/Title

Dates Employed  
Month/Day/Year

From

To

Describe the Work Performed

Name of Employer

Phone Number

Full Address (Including Street, City, State & Zip)

Supervisor's Name/Title

Dates Employed

From Month/Day/Year

To Month/Day/Year

Describe the Work Performed

Name of Employer

Phone Number

Full Address (Including Street, City, State & Zip)

Supervisor's Name/Title

Dates Employed  
Month/Day/Year

From

To

Describe the Work Performed

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**PERSONAL REFERENCES:** Give three references (not relatives or employers)

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Name

Occupation

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Full Address (Including Street, City, State & Zip)

Telephone Number

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Name

Occupation

---

Full Address (Including Street, City, State & Zip)

Telephone Number

---

Name

Occupation

---

Full Address (Including Street, City, State & Zip)

Telephone Number

*We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.*

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**IMPORTANT, PLEASE READ AND SIGN**

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.

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Do not write below this line

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**RESULTS**

Employed: YES [ ] NO [ ]

If Yes, Job Title: \_\_\_\_\_ Department \_\_\_\_\_

Date beginning Employment \_\_\_\_\_ Compensation \$ \_\_\_\_\_ per \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_