



CARGO AIRPORT SERVICES USA, LLC

BUILDING 261, JFK INTERNATIONAL AIRPORT, JAMAICA, NEW YORK 11430
TEL.: (718) 553-6883 FAX: (718) 553-6057

Date _____

APPLICATION FOR EMPLOYMENT

Our policy is to provide equal employment opportunity to all qualified persons without regard to Race, Creed, Color, Religious Belief, Sex, Age, National Origin, Ancestry, Physical or Mental Disability or Veteran Status.

Name: Last _____ First _____ M.I. _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Soc. Sec. #: _____
Cell Phone: _____

Position Applying For: Traffic Agent <input type="checkbox"/> Warehouse Agent <input type="checkbox"/> Ramp Agent <input type="checkbox"/> Other <input type="checkbox"/>
How did you hear of this opening and/or referred by: _____
Are you looking for: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Date Available: _____
What hours are you available to work? _____
Are you willing to work a swing shift? Yes <input type="checkbox"/> No <input type="checkbox"/> Overnight? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you presently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you hold a valid State Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a United States Citizen or authorized by INS to work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Prior US Military Service? Yes <input type="checkbox"/> No <input type="checkbox"/> Branch? _____ Years Served? _____
Emergency Contact? _____ Phone# _____
Name and Relationship

Education:	School Name and Location	Years Attended	Did You Graduate
High School	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	_____	_____	
College	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	_____	_____	
Tech. School	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	_____	_____	

Other Training

In addition to your work history, are there any other skills, qualifications, or experience you have that you may wish us to consider? _____

References:

Give below the names of three persons not related to you whom you have known at least five years.

Name	Address	Business	Years Known	Telephone

Ten (10) Year Employment / School History:
(Start with your most recent employer / school. Include all periods of unemployment.)

Company Name _____	
Address _____	Telephone _____
Date Started _____	Date Ended _____
Starting Position _____	Ending Position _____
Starting Wage _____	Ending Wage _____
Name of Supervisor _____	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Responsibilities _____	
Reason for leaving _____	

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 Date Started _____ Date Ended _____
 Starting Position _____ Ending Position _____
 Starting Wage _____ Ending Wage _____
 Name of Supervisor _____ May we contact? Yes No
 Responsibilities _____
 Reason for leaving _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is “at will” which means that either I or this company can terminate the employment relationship at any time, with or without notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of this company, other than the president has any authority to alter the foregoing.

Signature _____ Date _____