



Date _____

The Liberty Aviation Museum, Inc. and Tin Goose Diner, LLC

APPLICATION FOR EMPLOYMENT

The Liberty Aviation Museum, Inc, and Tin Goose Diner, LLC, are equal opportunity employers. We do not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Last Name _____ First Name _____ Middle Initial _____

Address _____

Telephone # _____ E-mail Address _____

Are you legally authorized to work in the U.S on a full-time basis? ☐ Yes ☐ No

Are you at least 18 years or older? ☐ Yes ☐ No

If no, can you provide a work permit if necessary? ☐ Yes ☐ No

Position applied for _____ Date available _____ Desired Pay _____

Shift (circle all that apply) Mornings Afternoons Evenings

Days available (circle all that apply) Sun Mon Tues Wed Thu Fri Sat

Have you ever been convicted of or plead guilty to a criminal offense other than a minor traffic violation? ☐ Yes ☐ No If yes, please explain _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ☐ Yes ☐ No

REFERRAL SOURCE

How did you hear about us? (circle all that apply)

Friend/relative Current employee Internet Walk-in Other, please explain _____

Have you ever worked for this company before? ____Yes ____No If yes, please list your job title and dates of employment _____

Do you know anyone who works for our company? ____Yes ____No If yes, who? _____

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.
Incomplete information could disqualify you from further consideration.

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	

Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

I certify that all information I have provided herein is true and complete to the best of my knowledge and belief. I agree and understand that any omissions, misstatements, and false information in my application or interview(s) may be cause for rejection of this application or eligibility of employment, or may result in immediate discharge whenever it is discovered. I understand that this application must be filled out completely in order for me to be considered for employment. I further understand that this application will remain active for one year from date of completion; after which time I must reapply.

I hereby authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including but not limited to credit, criminal and education checks; further authorizing references and employers listed above to give you any and all information concerning my previous employment and pertinent information that they may have, from all liability for any claim or damage that may result from furnishing such information to you.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. I additionally understand and acknowledge that this application does not constitute an employment contract or offer of employment and that any employment relationship is "at will", which means that I (the employee) may resign at any time and that The Liberty Aviation Museum, Inc. and Tin Goose Diner, LLC, (the Employer) may discharge me at any time with or without notice. It is further understood that no individual representative of the company, other than the CEO, may alter this "at will" employment relationship either verbally or in writing. I understand that I must at all times abide by the company's rules and regulations.

Date _____ Signature _____

RESULTS

Employed: YES [] NO []

If Yes, Job Title: _____ Department _____

Date beginning Employment _____ Compensation \$ _____ per _____

Interviewed by: _____ Date: _____