



ATCOTS APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Position For Which You Are Applying:	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Are You Willing to Work Day, Evening, Midnight, and Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you object to ISG providing copies of your application and/or resume to other companies associated with the ATCOTS project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Available		

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No
 If no, list the highest grade completed

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		

List FAA Courses for which you are certified to instruct (list course name and number):

Have you completed the FAA's Basic Instructor Training (course 10520) or Facility Instructor Training (10501) or have a waiver for these courses? Yes No

Other Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 300 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

Interim Solutions for Government is an equal opportunity employer.