



AERIOR

10643 Haddington Dr., Suite 100
Houston, TX 77043
O: 713-463-6200
F: 713-463-6202
E: info@aerrior.com

APPLICATION FOR EMPLOYMENT

AERIOR, LTD. an Equal Opportunity Employer

Thank you for your interest in obtaining employment with AERIOR. We will call you for an interview if we have a position available. If not, your application will be kept on file for 12 months. Please be advised that;

- AERIOR will perform a criminal background and driver's license check as a condition of employment. Please describe any arrests that you may have had.
- AERIOR is a drug free workplace. All applicants will be subject to a drug screening prior to employment.

Personal Information

Name:

Last

First

M.I.

Social Security Number:

D.O.B

Month

Day

Year

Present Address:

Street

City

State

Zip

Permanent Address:

(If different from above)

Street

City

State

Zip

Are you at least 18 years?

Yes

No

Phone Number:

Are you an U.S. citizen?

Yes

No

If no, are you authorized to work in the U.S.?

Yes

No

Do you have a Valid Driver's License?

Yes

No

Issuing State:

DL Number:

Expiration Date:

Emergency Contact:

Name

Address

Phone Number

Position applying for:

Date you can start:

Salary Desired:

Are you employed now?

Yes

No

If so, may we inquire of your present employment?

Yes

No

Ever worked for this company before?

Yes

No

If yes, when?

Reason for Leaving:

Referred by:



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Special Training? Yes No If yes, list: _____

Military Service? Yes No Rank: _____

Discharge Date: _____ Honorable or Dishonorable? _____

Education

School Level	Name and Location	Graduated	Subject Studied
High School			
College			

Previous Employment

Company Name: _____ Starting Salary: _____ Ending Salary: _____

Address: _____ City and State: _____

Job Title: _____ Employed From: _____ To: _____

Supervisor's Name: _____ Phone Number: _____

Description of work: _____ Reason for leaving: _____

Company Name: _____ Starting Salary: _____ Ending Salary: _____

Address: _____ City and State: _____

Job Title: _____ Employed From: _____ To: _____

Supervisor's Name: _____ Phone Number: _____

Description of work: _____ Reason for leaving: _____

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Personal References Give below the names of three persons not related to you whom you have known at least one year

Name	Occupation	Years Known	Phone Number

Background Questions

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes ___ No ___

If yes, please list your limitations.

Have you been arrested or charged with a felony within the last 5 years? Yes ___ No ___

If yes, please describe.

Have you been charged or convicted of a misdemeanor within the last 5 years? Yes ___ No ___

If yes, please describe.

Have you been ticketed with more than two traffic tickets within the last 5 years? Yes ___ No ___

If yes, please describe.

Authorization

I certify that the facts I have given in this application are true and completed to the best of my knowledge. I understand that if employed, falsified statements on this application may be the cause for my termination.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interview by: _____ Date: _____

General Comments Regarding Interview (i.e.: neatness, personality, ability):

Hired? Yes ___ No ___ Position: _____ Salary Wages: _____