

**Employment Application**
**APPLICANT INFORMATION**

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?					
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain					

**DOT/FAA SAFETY SENSITIVE POSITIONS**

If you are applying, and being considered for, a DOT/FAA safety sensitive position you will be required to undergo drug testing for the presence of marijuana/THC, cocaine, amphetamines, opiates, and phencyclidine (PCP) per 49 CFR Part 40 and 14 CFR Part 121 appendices I and J. Only upon negative results of this testing will employment be considered. Complete information on our Drug and Alcohol program will be provided prior to this testing. By signing below you acknowledge full understanding of this requirement.

Signature	Date
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**EDUCATION**

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

**REFERENCES**

*Please list three professional references.*

Full Name		Relationship
Company		Phone ( )
Address		
Full Name		Relationship
Company		Phone ( )
Address		
Full Name		Relationship
Company		Phone ( )
Address		

# Employment Application

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Were you a participant in a DOT/FAA drug & alcohol testing program with this employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If answered yes, you may be asked to sign a consent form to have the results reported to us.			
Company		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Were you a participant in a DOT/FAA drug & alcohol testing program with this employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If answered yes, you may be asked to sign a consent form to have the results reported to us.			
Company		Phone ( )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Were you a participant in a DOT/FAA drug & alcohol testing program with this employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If answered yes, you may be asked to sign a consent form to have the results reported to us.			

***The last two years of work history is required. If more space is needed please attach additional sheets.***

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date