



EMPLOYMENT APPLICATION

1. PERSONAL INFORMATION

We consider applicants for positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability or handicap, or any other legally protected status or class.

Last Name	First	M.I.	Date:	
Address			Personal Email:	
City	State	Country	Zip	Telephone 1:
Driver License #:	State:	Expires:	Telephone 2:	

Indicate position desired: _____

◆ Type of employment desired

- Full-time AM Part-time PM Part-time Temporary Summer
 Weekend Holidays Co-Op Intern

◆ Salary Expected \$ _____ Per _____ Referral Source: _____

◆ Date Available for work _____

2. GENERAL INFORMATION

Please answer each of the following:

A. Are you authorized to work in the U.S.? YES NO
Proof of authorization is required within three days of the date you are employed.

B. Have you ever filed an application with Jet Logistics, Inc.? YES NO
If YES, when and what position: _____

C. Are you fluent in a language other than English? YES NO
If YES, what language(s): _____

D. Have you ever been convicted of a felony? YES NO
(Existence of a criminal record does not disqualify an applicant for employment.) If YES, provide details of arrest/conviction, offense, location, date and sentence. _____

E. Have you ever received a warning letter, violation or had certificate action taken against you by any government aviation authority? If YES, please explain: YES NO

F. Have you ever had an aircraft accident, incident or damaged an aircraft in any way? YES NO
If YES, please explain: _____

3. EMPLOYMENT HISTORY

Starting with your present or most recent job, complete the following. You must account for your employment and/or unemployment history during the **past ten (10) years**, in accordance with Federal Regulation FAR 107 and 108. An employment verification will be conducted. Missing information may result in processing delays.

May we contact your present employer? YES NO
 If NO, may we contact your present employer once an offer of employment has been made and accepted? YES NO

Employer: Phone (____) _____	Dates of Employment		Work Performed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	From: mm/dd/yy	To: mm/dd/yy	
Address:			
	<u>Salary/Wages</u>		
Job Title:	Starting:	Final:	
Supervisor:			
Reason For Leaving:			May We Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer: Phone (____) _____	Dates of Employment		Work Performed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	From: mm/dd/yy	To: mm/dd/yy	
Address:			
	<u>Salary/Wages</u>		
Job Title:	Starting:	Final:	
Supervisor:			
Reason For Leaving:			May We Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer: Phone (____) _____	Dates of Employment		Work Performed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	From: mm/dd/yy	To: mm/dd/yy	
Address:			
	<u>Salary/Wages</u>		
Job Title:	Starting:	Final:	
Supervisor:			
Reason For Leaving:			May We Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer: Phone (____) _____	Dates of Employment		Work Performed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	From: mm/dd/yy	To: mm/dd/yy	
Address:			
	<u>Salary/Wages</u>		
Job Title:	Starting:	Final:	
Supervisor:			
Reason For Leaving:			May We Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO

4. BACKGROUND INFORMATION

You must account for your whereabouts for the past ten (10) years. Explain any gaps in employment by listing name(s) and phone number(s) of a non-relative who can verify these dates. As per FAR 107, a five (5) year background check will be done. Make sure time sequences are consecutive. If you were in the military in the past five (5) years, indicate so and attach a copy of your DD214. List all periods of education, unemployment, volunteer assignments, summer breaks or consulting activities. Supporting documents may be requested.

A. ADDITIONAL INFORMATION

Status Codes: U=Unemployment M=Military S=School O=Other

Mm/Dd/Yy	Mm/Dd/Yy	Name & Address	Day-Time Phone	Status
From ___/___/___	To ___/___/___	_____	(____) _____	_____
From ___/___/___	To ___/___/___	_____	(____) _____	_____
From ___/___/___	To ___/___/___	_____	(____) _____	_____

B. EDUCATION

GENERAL	HIGH SCHOOL				COLLEGE/UNIVERSITY				GRADUATE/PROFESSIONAL			
School Name:												
Location:												
Years Completed:	1	2	3	4	1	2	3	4	1	2	3	4
Degree/Diploma:												
Course of Study:												

C. MILITARY RECORD (Include copy of your DD214)

Dates of Service: From: _____ To: _____	Branch of Service: _____	Type of Discharge: _____	Military Occupation Specialty (MOS) _____
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D. SPECIALIZED TRAINING (Including Military and Pilot)

Institution:	Location:	Program:	Dates:	
_____	_____	_____	From: _____	To: _____
_____	_____	_____	From: _____	To: _____
_____	_____	_____	From: _____	To: _____

5. PILOT INFORMATION

Please fill out the following:

A. FLIGHT TIMES

	Total	Total Multi-Engine	ME Turbo-Prop	ME Jet	Total Single-Engine	SE Turbo Prop/Jet	Rotorcraft/Helicopter
Total (Exclude Sim)							
PIC							
SIC							
IFR							
SIM							
Turbine							
Dual Received							
Dual Given							
Past 90 days							
Past 180 days							
FAR Part 135							
FAR Part 121							

B. CERTIFICATE(S) HELD

Certificate Type:	Number:	Rating(s) (Include Type Rating(s):
Other FAA Certificate(s):		Class of FAA Medical: Date:

C. SPECIAL SKILLS

<p>Mechanical Aircraft Mechanical License(s) <input type="checkbox"/> Airframe <input type="checkbox"/> Power Plant <input type="checkbox"/> Inspection Authorization Other Licenses: Years Experience: Other Skills:</p>	<p>Clerical Typing _____wpm Shorthand _____wpm; Adding Machine: <input type="checkbox"/>YES <input type="checkbox"/>NO Computer Skills: <input type="checkbox"/>YES <input type="checkbox"/>NO Years experience: _____ Word Processing Packages: Aviation Software or Other Special Skills:</p>
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D. PROFESSIONAL REFERENCES

Name: Mr. / Ms. _____	Phone: _____ (____)
Street Address: _____	Email Address: _____
City/State/Zip _____	Years Known: _____
Name: Mr. / Ms. _____	Phone: _____ (____)
Street Address: _____	Email Address: _____
City/State/Zip _____	Years Known: _____
Name: Mr. / Ms. _____	Phone: _____ (____)
Street Address: _____	Email Address: _____
City/State/Zip _____	Years Known: _____

6. APPLICATION STATEMENT

Please read and sign the following:

I certify that the answers given herein are true and complete to the best of my knowledge.

I understand that any job offer with Jet Logistics, Inc. is subject to my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 and upon my satisfactory completion of a background investigation and Pilot Records Act 1996, if applicable. I further understand that I have a right, under Section 606(B) of the Fair Credit Reporting Act to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation requested. I understand that the background investigation includes an account of civil records and county of employment.

AT-WILL EMPLOYMENT:

I understand that this application is not and is not intended to be a contract of employment.

I understand all employees are employed on an at-will basis, meaning that the employee and the Company each reserve the right to terminate the employment relationship at any time, with or without cause. In the event of employment, I understand that false or misleading information, or omission of information, given in the course of the selection process or during employment, may result in discharge.

DRUG TESTING ACKNOWLEDGEMENT:

I hereby give my consent to JET LOGISTICS, INC. to undergo drug testing to detect levels of marijuana, cocaine, opiates, phencyclidine (PCP) and amphetamines, or a metabolite of these drugs in my system, as required by its anti-drug program and other medical tests requested by the Company as part of an employment physical or otherwise and authorize release of any results to the Company. I understand that failure to consent to this is considered a voluntary withdrawal of my consideration for employment.

I understand that if I test positive in accordance with pre-employment anti-drug program procedures, no offer of employment will be extended. I further understand that if I am applying for a covered position and if I test positive it will be reported to the FAA according to its regulation. I also understand that if I am employed and test positive at any time, my employment may be terminated.

The above is consistent with FAA regulations and Jet Logistics, Inc. company policy.

Applicant's Name _____

Signature _____

Date _____