



Are you at least 18 years of age? Yes No

Location _____ (3 letter identifier)

Date: _____

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability. All qualified applicants will be given equal opportunity and selection decisions are based on the job-related factors mentioned below.

Last Name _____ First Name _____ MI _____

Phone (____) _____ Social Security Number _____

List your addresses of residency for the past 3 years.

Current Address

Street _____
City _____ State _____ Zip Code _____ How Long? _____

Previous Addresses

Street _____ City _____ State Zip Code _____ How Long? _____
Street _____ City _____ State Zip Code _____ How Long? _____
Street _____ City _____ State Zip Code _____ How Long? _____

Specific position(s) you are applying for: _____

How did you hear of our openings? _____

Do you have relatives employed by AirNet? Yes ___ No ___ If yes, whom _____

Have you ever worked for AirNet (either directly or through a temporary agency)? Yes ___ No ___ Explain _____

Have you applied here before? Yes ___ No ___ When? _____ Position applied for: _____

Times available to work: ___ 1st Shift ___ 2nd Shift ___ 3rd Shift ___ Any Shift ___ Part Time ___ Full Time

Date you can start work _____ Are you able to work weekends? Yes ___ No ___

What special qualifications do you have? _____

Education: High School Diploma or GED ___yes ___no College (explain) _____ Other _____

Are you legally eligible for employment in the U.S.? Yes _____ No _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____
If yes, describe. _____
A CONVICTION RECORD IS NOT AN ABSOLUTE BAR TO EMPLOYMENT UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.

Are you able to perform the essential functions of the job applied for with or without an accommodation? Yes _____ No _____
DISCRIMINATION IN EMPLOYMENT ON THE BASIS OF A DISABILITY WHICH DOES NOT CREATE AN OCCUPATIONAL HAZARD OR PREVENT SUBSTANTIAL JOB PERFORMANCE IS PROHIBITED BY LAW.

10 Year Documented History
Application will not be considered if 10 year history is not complete.

ALL TIMES DURING THIS TEN YEAR PERIOD MUST BE ACCOUNTED FOR--NO GAPS.

To include:

- Past employment
- Education
- Unemployment

Print Name: _____ SS # _____

Previous Work/School Experience:

Human Resources use only

Please list your most recent work/school experience first.

Do not write in this area.

FROM	Month	Year	TO	Month	Year	Contact method: Telephone <input type="checkbox"/> Other <input type="checkbox"/>
Name of Company / School			Address of Company / School			Contact Name
Telephone Number w/area code			City	State		Contact Telephone #
Job Duties						Investigation Co. used: Telephone #:
Employer Contact Name			Rate of Pay			AirNet Human Resources Contact
Reason for Leaving						Date Verified by Human Resources/Results
FROM	Month	Year	TO	Month	Year	Contact method: Telephone <input type="checkbox"/> Other <input type="checkbox"/>
Name of Company / School			Address of Company / School			Contact Name
Telephone Number w/area code			City	State		Contact Telephone #
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Employer Contact Name			Rate of Pay			AirNet Human Resources Contact
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10 Year Documented History (continued)

Previous Work/School Experience:

Human Resources use only

Please list your most recent work/school experience first.

Do not write in this area.

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						<input type="checkbox"/> _____ Correspondence <input type="checkbox"/>
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10 Year Documented History (continued)

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Name of Company / School			Address of Company / School			Contact Name
Telephone Number w/area code			City	State		Contact Telephone #
Job Duties						Investigation Co. used: Telephone #:
Employer Contact Name			Rate of Pay			AirNet Human Resources Contact
Reason for Leaving						Date Verified by Human Resources/Results

I understand that, if employed, any misrepresentation appearing on this application may result in dismissal. I further understand that this application does not constitute a contract of employment and that, if employed, the company or I may terminate the employment relationship, at any time and for any reason. I certify that the above information is correct to the best of my ability.

I understand that pre-employment drug screening for detection of amphetamines, cocaine, THC, opiates and PCP will be required and is performed without cost to the applicant. I agree to submit to this procedure with the knowledge that the results of this examination are a determining factor in obtaining employment with AirNet Systems.

I certify that I have read the above acknowledgment and understand that if I return this application with incomplete information, then I will not be considered for employment with AIRNET Systems, Inc.

Signed: _____

Date: _____

Print Name: _____

BACKGROUND RELEASE AUTHORIZATION

The following <i>must</i> be filled out completely for your application to be considered. (PLEASE PRINT LEGIBLY)	
Last Name: _____ First Name: _____ Middle Name: _____	
Maiden Name or Any Other Name Used: _____ Social Security #: _____	
Current Street Address: _____ Apt #: _____	
City: _____ State: _____ Zip: _____	
County: _____ Years of Residence: _____	
Previous Street Address: _____ Apt #: _____	
City: _____ State: _____ Zip: _____	
County: _____ Years of Residence: _____	
List other Counties you have resided in over the past 10 years: _____	
List other States you have resided in over the past 10 years: _____	
List other Countries you have resided in over the past 10 years: _____	
Driver's License issued by the State of: _____ License Expiration Date: _____	
Driver's License Number: _____	
(Include all letters and numbers)	
Branch of Service: _____ Service Number: _____	

AirNet Systems is an Equal Opportunity Employer. This information will not be used for purposes of discrimination.

This certifies that this application was completed by me, and that all entries to it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I hereby authorize, without reservation, any lawful enforcement agency, administrator, state agency institution, information service bureau, employer or insurance company contacted by an investigative company of AIRNET Systems, Inc.'s choice, to furnish the above-mentioned information. I further acknowledge that a facsimile (FAX) or photographic copy of this release form shall be as valid as the original.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date of Birth: _____

I understand that providing my date of birth is voluntary at this time. However, my date of birth will be required should any offer of employment be extended for completion of the background investigation.

Applicant Signature: _____ Date: _____

DRIVER'S APPLICATION FOR EMPLOYMENT

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking transportation or other experience that may improve your abilities on the job:

List courses and training other than shown elsewhere in this application:

List special equipment or technical materials you can work with (other than those already shown):

Accident record for past 3 yrs or more (attach sheet if more space is needed) If none, write none

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last Accident _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____

Traffic convictions and forfeitures for the past 3 yrs (other than parking violations) if none, write none

Location	Date	Charge	Penalty

Driver Licenses	State	License No.	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ____ No ____

B. Has any license, permit or privilege ever been suspended or revoked? Yes ____ No ____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates From	Dates To	Approx. No. of Miles (Total)
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Motor coach – School Bus				
Other				

List states operated in for last five years: _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM

AIRNET is an equal opportunity employer that is committed to a program of recruitment of females, minority group members, individuals with disabilities, veterans, Vietnam Era veterans, and veterans with disabilities. We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify your race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

PLEASE PRINT ONLY

NAME: _____
Last First MI

ADDRESS: _____
Number/Street City State Zip Code

CONTACT INFORMATION: _____
Daytime Phone Evening Phone E-Mail Address

HOW DID YOU HEAR ABOUT OPENINGS AT AIRNET:

- | | |
|---|---|
| <input type="checkbox"/> AirNet Team Member | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Newspaper Ad – Name: _____ | <input type="checkbox"/> Job Fair – Date: _____ |
| <input type="checkbox"/> Web Site: _____ | <input type="checkbox"/> Employment Agency: _____ |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Other: _____ |

VOLUNTARY INFORMATION

RACE:

- Hispanic or Latino

GENDER: Male

- Female

If other than Hispanic or Latino:

- White
 Black or African American
 Native American/Alaskan Native
 Asian
 Hawaiian or Other Pacific Islander
 Two or More Races

**Thank You for Completing This Information
Please Return it With Your Completed Application**

For Office Use Only

All Information Must Be Completed by Person Accepting Application

Location Accepting Application: _____

Position(s) Applied For: _____

Was the Position Open at Time of Application: Yes No

EEO/AAP DATA CLASSIFICATION

Sex: Male Female

Race: Hispanic Black/African American American Indian/Alaskan Native
 Hawaiian/Pacific Islander White Asian Two or More

EEO Code: 1.1 - Executives/Senior Level 1.2 - First/Mid Level Officials and Managers
2 - Professionals 3 - Technicians
4 - Sales Workers 5 - Administrative Support Workers
6 - Craft Workers 7 - Operatives
8 - Laborers and Helpers 9 - Service Workers

Referral: Ad (Company Name) Employee Friend/Relative
 Walk-In Employment Agency Government Agency
 Other _____

Actions: No Offer Made
 Offer Refused
 Offer Withdrawn - Failed Drug Test/Physical
 Hired - File This Form in HQ Controlled Area Separate of Personnel File

Position _____

Start Date _____ Location Assigned _____

Signature of Person Completing This Form

Date

EEO Officer Review

Date