



## General Employment Application

Name:			
Address:		Email:	
Address:			Phone:
City:	State:	Zip:	Cell:

**Position Applied For:** \_\_\_\_\_ **Available Start Date:** \_\_\_\_\_  
**Are you 18 years of age or older?**  Yes  No **Are you eligible to work in the U.S.?**  Yes  No  
**Have you ever been employed by Jet Select?**  Yes  No if yes, list dates: \_\_\_\_\_  
**Do you have any relatives that are employed by JetSelect?**  Yes  No if yes, who: \_\_\_\_\_  
**How did you learn of this opening?** \_\_\_\_\_

**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.

**Have you able to perform the essential functions of the job for which you have applied, 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.

### EDUCATION

High School	Name & Address of School:		
	Years Attended	Graduated?	Diploma/Degree
University/College Undergraduate	Name & Address of School:		
	Years Attended	Graduated?	Diploma/Degree
University/College Graduate	Name & Address of School:		
	Years Attended	Graduated?	Diploma/Degree
Trade, Business or Correspondence School	Name & Address of School:		
	Years Attended	Graduated?	Diploma/Degree



## PREVIOUS EMPLOYMENT

Are you currently employed:  Yes  No      May we contact your current employer?  Yes  No

Employer:	Job Title	Dates of Employment From: To:	Reason For Leaving	Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40?  <input type="checkbox"/> No <input type="checkbox"/> Yes
Address/City/State/Zip Code	Phone Number:	Supervisor:	Annual Salary	
Employer:	Job Title	Dates of Employment From: To:	Reason For Leaving	Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40?  <input type="checkbox"/> No <input type="checkbox"/> Yes
Address/City/State/Zip Code	Phone Number:	Supervisor:	Annual Salary	
Employer:	Job Title	Dates of Employment From: To:	Reason For Leaving	Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40?  <input type="checkbox"/> No <input type="checkbox"/> Yes
Address/City/State/Zip Code	Phone Number:	Supervisor:	Annual Salary	
Employer:	Job Title	Dates of Employment From: To:	Reason For Leaving	Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40?  <input type="checkbox"/> No <input type="checkbox"/> Yes
Address/City/State/Zip Code	Phone Number:	Supervisor:	Annual Salary	
Employer:	Job Title	Dates of Employment From: To:	Reason For Leaving	Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40?  <input type="checkbox"/> No <input type="checkbox"/> Yes
Address/City/State/Zip Code	Phone Number:	Supervisor:	Annual Salary	
Employer:	Job Title	Dates of Employment From: To:	Reason For Leaving	Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40?  <input type="checkbox"/> No <input type="checkbox"/> Yes
Address/City/State/Zip Code	Phone Number:	Supervisor:	Annual Salary	
Employer:	Job Title	Dates of Employment From: To:	Reason For Leaving	Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40?  <input type="checkbox"/> No <input type="checkbox"/> Yes
Address/City/State/Zip Code	Phone Number:	Supervisor:	Annual Salary	

Have you ever been denied employment due to a pre-employment positive drug or alcohol test?  No  Yes

Have you ever refused to complete a pre-employment drug or alcohol test?  No  Yes

Have you ever been asked to resign?  No  Yes If so, please explain.

### Technical Experience and Training

School/Training Facility	Type of Training	Dates Attended	Certification

### Aviation Background Information

Aircraft accidents, incidents or claims, if any please explain:
FAA certificate violations, revocations, or actions, if any please explain:
Have you ever been cited for violation of any aviation regulation in any country, if so please explain:



## References

Name:	Occupation:
Address:	Relationship:
Phone Number:	Years Known:

Name:	Occupation:
Address:	Relationship:
Phone Number:	Years Known:

Name:	Occupation:
Address:	Relationship:
Phone Number:	Years Known:

## Additional Areas of Expertise

Areas of specialized study, research or additional experience:	
U. S. Military Service / Rank:	Present membership in National Guard or Reserves:

## Foreign Languages

List any foreign languages that you fluently speak, read, or write.			
	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write

## CERTIFICATION

The information provided on this application is true and complete to the best of my knowledge. I understand that any false or misleading information provided during the application or interview process will result in my immediate discharge if I am hired, regardless of when discovered. I understand that this application is not 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 understand a pre-employment drug screening for the detection of amphetamines, cocaine, THC, opiates and PCP will be required and is performed without cost to me. I agree to submit to this procedure with the knowledge that the results of examination are a determining factor in obtaining employment with JetSelect Aviation, LLC.

I certify that I have read the above acknowledgement and understand that an incomplete application may result in not being considered for employment with JetSelect Aviation, LLC.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## BACKGROUND RELEASE AUTHORIZATION

This Background Release Authorization must be completed in full for your application to be considered.  
PLEASE PRINT LEGIBLY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Maiden Name/Any Other Name Used: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### Current Address

Street: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ Years of Residence: \_\_\_\_\_

### Previous Address

Street: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ Years of Residence: \_\_\_\_\_

List other Counties in which you have resided within the last 10 years: \_\_\_\_\_

List other States in which you have resided within the last 10 years: \_\_\_\_\_

List other Countries in which you have resided within the last 10 years: \_\_\_\_\_

This certifies that this Background Release Authorization was completed by me and that all entries and information contained herein are true and complete to the best of my knowledge. I authorize JetSelect to make such investigations and inquiries of personal, employment and financial other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires 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 JetSelect's choice, to furnish the afore mentioned information. I further acknowledge that a facsimile (FAX), scanned or photographic copy of this release 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: \_\_\_\_\_