

# ALLIANCE AIR

The Cargo Service Company

## Employment Application

### CURRENT ADDRESS

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PRIOR ADDRESS

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### LIST STATES AND COUNTIES FOR THE PAST SEVEN YEARS

State	County
State	County
State	County
State	County

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Daytime Phone (if possible) \_\_\_\_\_ Home Phone \_\_\_\_\_

Best times to call \_\_\_\_\_

Are you 18 years or older? ( Yes | No ) \_\_\_\_\_ Drivers License # \_\_\_\_\_

Position applying for \_\_\_\_\_

How many hours are you available for work? \_\_\_\_\_

Please circle preference	FT	PT					
Please circle days available	SU	M	T	W	T	F	SA
Please fill in hours available	AM	_____	PM	_____			

How did you hear about us?

**We ask questions 1 through 4 because of the nature of our industry. We are governed by the Department of Airports, Port Authority (where applicable) and Federal Aviation Administration and their policies. These questions are within the Federal Government of a Bonafide Occupational Qualification (BFOQ).**

<b>Have you been convicted of, or served time for a felony or a misdemeanor within the past 10 years?</b>	Yes   No
<b>Self-Employment:</b> Have you been self-employed in the past 5 years?	Yes   No
If "yes", Please indicate period of self employment: <b>From</b> _____ <b>To</b> _____ Verification can be made with copies of business licenses, or any business documentation that will indicate that the provided documentation had direct, face-to-face transaction/interaction with you (the applicant).	
<b>Unemployment:</b> Have you been unemployed in the past 5 years?	Yes   No
If "yes", Please indicate period of unemployment: <b>From</b> _____ <b>To</b> _____ Records, such as receipts for unemployment compensation and disability, are acceptable documentation. Professional and community leaders can verify periods of unemployment as long as they are not relatives or personal friends. Letters (on organization letterhead from clergy, teachers, doctors, attorneys, etc.) are acceptable. They must indicate face-to-face interaction, include start and ending dates of the involved activity and must be mailed directly to Alliance Air.	
<b>Out-of-business:</b> Is a previous employer currently out of business?	Yes   No
If "yes", Please indicate period of unemployment: <b>From</b> _____ <b>To</b> _____ Pay stubs or a reference letter from a former officer of the company, such as a personnel director or manager are acceptable forms of documentation.	

**REFERENCES**

Please list below, the names and phone numbers of two persons NOT RELATED to you, whom you have known for at least one full year.

Name	Phone	Relationship	Years Known

Please list below, the names of two persons NOT RELATED to you, whom you have worked with and are familiar with your professional abilities.

Name	Phone	Relationship	Years Known

**WORK HISTORY**

Please list your present/past employment for the past ten (10) years starting with your current or most recent employer:

Company Name			Phone
Address			City State
Employed	From (mm/yy)	To (mm/yy)	Your Title
Rate of Pay	Average hours worked per week		Schedule
Supervisor Name			
Description of work performed			
Why did you leave/why are you looking			

Company Name			Phone
Address			City State
Employed	From (mm/yy)	To (mm/yy)	Your Title
Rate of Pay	Average hours worked per week		Schedule
Supervisor Name			
Description of work performed			
Why did you leave/why are you looking			

Company Name			Phone
Address			City State
Employed	From (mm/yy)	To (mm/yy)	Your Title
Rate of Pay	Average hours worked per week		Schedule
Supervisor Name			
Description of work performed			
Why did you leave/why are you looking			

Company Name		Phone	
Address		City	State
Employed	From (mm/yy)	To (mm/yy)	Your Title
Rate of Pay	Average hours worked per week		Schedule
Supervisor Name			
Description of work performed			
Why did you leave/why are you looking			

Company Name		Phone	
Address		City	State
Employed	From (mm/yy)	To (mm/yy)	Your Title
Rate of Pay	Average hours worked per week		Schedule
Supervisor Name			
Description of work performed			
Why did you leave/why are you looking			

**EDUCATION**

Grade Completed	
Name of Highschool	City
Did you graduate?	
Name of College	City
Did you graduate?	Degree
Name of College	City
Did you graduate?	Degree

**CERTIFICATION**

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history. I authorize anyone possessing this information to furnish it to Alliance Air and/or a third party company upon request and I release anyone so authorized, Alliance Air, and any third party company from all liability and damages whatsoever in furnishing, obtaining or using said information.

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

I understand and agree that if employed, the employment will be "at will". That is, either Alliance Air or I may end the employment relationship at a any time, for any reason, or for no reason. I understand that receipt of this application by Alliance Air does not imply employment and that this application and/or any other Alliance Air documentation are not contracts of employment.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_