



APPLICATION AND BACKGROUND CHECK INFORMATION

PERSONAL INFORMATION

Name: _____			Date: _____		
LAST	FIRST	MI			
Permanent Address: _____					
ADDRESS	CITY	STATE	ZIP		
Phone Number: _____			Social Security Number: _____		
TEMPORARY ADDRESS _____		CITY _____	STATE _____	ZIP _____	TEMPORARY PHONE _____
DRIVER'S LICENSE NUMBER _____		STATE OF ISSUE _____	Has your driver's license ever been suspended or revoked <input type="checkbox"/> YES <input type="checkbox"/> NO		Date of Birth ____/____/____

EMPLOYMENT INFORMATION

It is a **requirement** by the FAA that we have your **last 10 years** of **background history** on file at our office. The most recent 5 years of which will have to be verified by phone or in writing, so please be thorough. Please list all employers from most recent back 10 years. Be sure there are **NO GAPS** that are unaccounted for. If you were **unemployed** for any period of time please use a space to indicate the time period you were unemployed. Use a space for any **military time**, and that time will have to be accompanied by a **DD Form 214** verifying the appropriate dates. Thank you for helping us with this information.

Company: _____ **City:** _____ **State:** _____ **Phone:** _____

Direct **or Contract** **Contract Company:** _____ **Job Title:** _____

Dates (MM/YY) START ____/____/____ **END** ____/____/____ **A/C worked on:** _____

Rate of pay: START _____ **END** _____ **Supervisor Name** _____

Company: _____ **City:** _____ **State:** _____ **Phone:** _____

Direct **or Contract** **Contract Company:** _____ **Job Title:** _____

Dates (MM/YY) START ____/____/____ **END** ____/____/____ **A/C worked on:** _____

Rate of pay: START _____ **END** _____ **Supervisor Name** _____

Company: _____ **City:** _____ **State:** _____ **Phone:** _____

Direct **or Contract** **Contract Company:** _____ **Job Title:** _____

Dates (MM/YY) START ____/____/____ **END** ____/____/____ **A/C worked on:** _____

Rate of pay: START _____ **END** _____ **Supervisor Name** _____

Company: _____ **City:** _____ **State:** _____ **Phone:** _____

Direct **or Contract** **Contract Company:** _____ **Job Title:** _____

Dates (MM/YY) START ____/____/____ **END** ____/____/____ **A/C worked on:** _____

Rate of pay: START _____ **END** _____ **Supervisor Name** _____

Company: _____ **City:** _____ **State:** _____ **Phone:** _____

Direct **or Contract** **Contract Company:** _____ **Job Title:** _____

Dates (MM/YY) START ____/____/____ **END** ____/____/____ **A/C worked on:** _____

Rate of pay: START _____ **END** _____ **Supervisor Name** _____

Company: _____ City: _____ State: _____ Phone: _____

Direct or Contract Contract Company: _____ Job Title: _____

Dates (MM/YY) START ____ / ____ END ____ / ____ A/C worked on: _____

Rate of pay: START _____ END _____ Supervisor Name _____

Company: _____ City: _____ State: _____ Phone: _____

Direct or Contract Contract Company: _____ Job Title: _____

Dates (MM/YY) START ____ / ____ END ____ / ____ A/C worked on: _____

Rate of pay: START _____ END _____ Supervisor Name _____

Company: _____ City: _____ State: _____ Phone: _____

Direct or Contract Contract Company: _____ Job Title: _____

Dates (MM/YY) START ____ / ____ END ____ / ____ A/C worked on: _____

Rate of pay: START _____ END _____ Supervisor Name _____

Company: _____ City: _____ State: _____ Phone: _____

Direct or Contract Contract Company: _____ Job Title: _____

Dates (MM/YY) START ____ / ____ END ____ / ____ A/C worked on: _____

Rate of pay: START _____ END _____ Supervisor Name _____

Company: _____ City: _____ State: _____ Phone: _____

Direct or Contract Contract Company: _____ Job Title: _____

Dates (MM/YY) START ____ / ____ END ____ / ____ A/C worked on: _____

Rate of pay: START _____ END _____ Supervisor Name _____

Company: _____ City: _____ State: _____ Phone: _____

Direct or Contract Contract Company: _____ Job Title: _____

Dates (MM/YY) START ____ / ____ END ____ / ____ A/C worked on: _____

Rate of pay: START _____ END _____ Supervisor Name _____

Company: _____ City: _____ State: _____ Phone: _____

Direct or Contract Contract Company: _____ Job Title: _____

Dates (MM/YY) START ____ / ____ END ____ / ____ A/C worked on: _____

Rate of pay: START _____ END _____ Supervisor Name _____

EDUCATION

Type of School	Name & Address of School	No. Years	Type/Diploma Degree	Course of Study
High School				
Trade, Tech., Business				
College/University				
Graduate/Professional				

PROFESSIONAL LICENSES:

FAA A&P License Number: _____ FCC License Number: _____
 Other Type of License: _____ Number: _____

PROFESSIONAL REFERENCES

Please list 3 *non-relative* professional references.

1. Name: _____ Phone Number: _____
 2. Name: _____ Phone Number: _____
 3. Name: _____ Phone Number: _____

IN THE PAST 10 YEARS HAVE YOU BEEN CONVICTED OF ANY OF THE FOLLOWING CRIMES?

Forgery of certificates.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	Murder	<input type="checkbox"/> YES <input type="checkbox"/> NO
Felony involving a threat.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	Assault with intent to murder	<input type="checkbox"/> YES <input type="checkbox"/> NO
Interference with air navigation.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	Espionage	<input type="checkbox"/> YES <input type="checkbox"/> NO
Improper transportation of a hazardous material.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sedition.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Aircraft piracy.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Treason.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Interference with flight crew members or flight attendants.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Kidnapping or hostage taking.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
Commission of certain crimes aboard aircraft in flight.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Rape or aggravated sexual abuse.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
Carrying a weapon or explosive aboard an aircraft.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Conveying false information or threats.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Extortion.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Aircraft piracy outside the special jurisdiction of the U.S.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Armed robbery.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Lighting violations involving transporting controlled substances.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Felony arson.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Unlawful entry into an aircraft or airport..... area that serves air carriers of foreign air carriers contrary to established security requirements.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Distribution of, or intent to distribute a controlled substance.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Destruction of an aircraft or..... aircraft facility.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Conspiracy or attempt to commit any of these criminal acts.	<input type="checkbox"/> YES <input type="checkbox"/> NO
A finding of not guilty by reason of insanity for any of the listed criminal acts.....	<input type="checkbox"/> YES <input type="checkbox"/> NO	Violence at international airports	<input type="checkbox"/> YES <input type="checkbox"/> NO

Felony involving: Willful destruction of property;..... YES NO
 Importation or manufacture of a controlled substance; burglary; theft; bribery;
 Dishonesty, fraud, or misrepresentation; possession or distribution of stolen property;
 Aggravated assault; illegal possession of a controlled substance punishable by a maximum
 Term of imprisonment of more than 1 year.

Have you been convicted of a felony or acquitted of a felony by reason of insanity in the past 10 years?: YES NO
 If you answered **yes** to any of the above please explain: _____

RELEASE AND CONSENT FOR A BACKGROUND SECURITY/DRUG & ALCOHOL CHECK

I certify that all answers given here in this application are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give Airplanes, Inc. and its agent, NATA Compliance, permission to contact schools, previous employers, references, and all others listed herein, and hereby release Airplanes, Inc. and its agent, NATA Compliance from any liability as a result of such contact. In connection with my application for employment at Airplanes, Inc., I understand that Airplanes, Inc will verify my employment, education, and criminal history. I also hereby consent to allow the background check firm, NATA Compliance, to conduct the above stated background checks on me, and to report the results of such a check to Airplanes, Inc. I understand and authorize the release of all such information to Airplanes and to NATA Compliance.

If at any point during the course of the background investigation, additional employment, education or criminal history information pertaining to me is discovered, I hereby authorize Airplanes, Inc. and/or NATA Compliance to contact these additional employers, schools, etc. I hereby release Airplanes, Inc. and its agent, NATA Compliance, from any liability as a result of such contact.

I agree that Airplanes, Inc. may, at its sole discretion, deny me employment, require that I be removed from a temporary assignment or discharge me from employment if the information received in the investigation is considered unfavorable by Airplanes. Any offer of employment by Airplanes is subject to and conditioned upon Airplanes, Inc.'s review of such information.

In the event of an offer of employment and/or subsequent employment, I understand that false, misleading or omitted information in my application shall be grounds for withdrawal of an offer of employment or discharge at any time.

My signature below also serves as authorization and direction for the Drug Program Manager of all companies listed herein to release any and all alcohol and or drug test results, documents, records, etc. to Airplanes, Inc., and its agent, NATA Compliance, and Airplanes, Inc. and NATA Compliance are released from any and all liability in obtaining such results, documents, records, etc. from any previous employer or potential employer listed herein on this application. This release of information includes but is not limited to:

1. Results of all drug and alcohol tests taken by me under the auspices of the Federal Aviation Administration's (FAA) antidrug and alcohol misuse prevention program regulations.
2. Records documenting a refusal to submit to required random, reasonable cause/suspicion, post-accident, or follow-up drug or alcohol testing.
3. Records of any determinations that I engaged in alcohol misuse in violation of FAA regulations.
4. Records pertaining to any substance abuse professional evaluations conducted and rehabilitation undertaken by me following a violation of FAA regulations.

Applicants accepted for employment should clearly understand while we make every effort to provide work, we cannot guarantee the permanence on any position. Job tenure can be affected by any factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules and job performance. And of course, employees may elect to leave on their own accord to seek other jobs.

I understand that I am required to abide by all rules and regulations of Airplanes, Incorporated and that my employment or offer of employment will be contingent upon successfully passing a pre-employment urinalysis drug test to determine the presence of marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines or a metabolite of those drugs. I understand further that I may be required to submit to a urine drug, breath or blood alcohol screening for any on-the-job injury.

I understand and agree that if employed, my employment with Airplanes, Incorporated is at will and that nothing contained in this application is intended to promise or guarantee employment for any specific time.

I have read this release and consent form and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature _____ Date _____ Social Security Number _____



**AUTHORIZATION FOR RELEASE OF
ANTIDRUG AND ALCOHOL MISUSE PREVENTION PROGRAM RECORDS**

TO BE COMPLETED BY APPLICANT

I, _____ (PLEASE PRINT), authorize and direct the **Drug Program Manager**, for the companies below, to release any and all alcohol and or drug test results, documents, records, etc to Airplanes, Inc. and NATA Compliance

APPLICANT MUST LIST **ALL** DRUG/ALCOHOL TESTS TAKEN FOR EMPLOYMENT PURPOSES IN THE LAST TWO (2) YEARS. INCLUDE PRE-EMPLOYMENT TESTS EVEN IF APPLICANT DID NOT GO TO WORK FOR EMPLOYER.

COMPANY NAME	LOCATION (CITY STATE)	YEAR EMPLOYED

1. Results of all drug and alcohol tests taken by me under the auspices of the Federal Aviation Administration's (FAA) antidrug and alcohol misuse prevention program regulations.
2. Records documenting a refusal to submit to required random, reasonable cause/suspicion, post-accident, or follow-up drug or alcohol testing.
3. Records of any determinations that I engaged in alcohol misuse in violation of FAA regulations.
4. Records pertaining to any substance abuse professional evaluations conducted and rehabilitation undertaken by me following a violation of FAA regulations.

I hereby authorize the release of all information pertaining to the above statements to be faxed to:

Airplanes, Inc./Drug Program Administrator
C/O NATA Compliance
2000 NE Jensen Beach Blvd.
Jensen Beach, FL 34957

FAX: 561.221.7775
TEL. 800.682-1969

Signature of applicant

Date

Social Security Number

TO BE COMPLETED BY PREVIOUS EMPLOYER:

1. Has this individual ever been tested under FAA guidelines for drugs or alcohol with your company? Yes No
2. Has this individual ever tested positive for drugs or alcohol with your company? Yes No
3. Has this individual ever engaged in prohibited drug use **during** the performance of a safety-sensitive function while employed by your company? Yes No
4. Has this individual ever refused to submit to a drug or alcohol test while requested by your company? Yes No

This information was provided by:

Printed Name: _____ Company Name: _____

Signature: _____ Title: _____ Date: _____