

NATIONAL SAFE SKIES ALLIANCE, INC. EMPLOYMENT APPLICATION

Equal Employment Opportunity Employer

We consider applicants for all positions without regard to race, color, national origin, religion, sex, disability, age, genetic information, veteran status, pregnancy, sex stereotyping or any other legally-protected status. This employment application will remain active for a period of ninety (90) days from the date of application. To be considered for employment after that time, a new application is required. Applicants may request a reasonable accommodation, if needed, to enable them to participate in the application process.

PLEASE PRINT AND FILL OUT COMPLETELY

Position(s) Desired (<i>required</i>)					Date of Application		
Full Legal Name							
Home Address							
_							
Cell Phone							
Alternate Phone							
E-mail Address							
How did you learn at [] Newspaper A [] Current Empl	oout the Company d		On-line Job Posting Employment Agency	[]	Safe Skies Web Site Other:	2	
Available to work (cl					_		
[] Full-time [] Days		[]	Part-time Nights	[]	Temporary Weekends		
Salary range desired:					_		
Date available to beg	in work:						
			ovide required proof of you		[] Yes []		No
(Responding "No	o" will not necessar	ily di	squalify an applicant from cons rate an automobile).		[] Yes [] fon; however, some of c		No
Are you currently legally eligible to work in the U.S. for any employer? Will you need to obtain work authorization, or other type of				[] Yes []		No	
employer sponsorship, to work for our Company?				[] Yes []		No	
Have you been convicted or pled guilty to a felony?				[] Yes []		No	

(Conviction will not necessarily disqualify an applicant from consideration, and the surrounding circumstances will be considered; however, please note that some of our positions <u>require</u> the ability to obtain and hold a security clearance.)

If yes, please explain, identify court, and give dates:

If yes, please explain, identify court, and give dates:

Have you ever filed an application with us before? If yes, give date	[]	Yes	[] No
Are you currently employed?		Yes	[] No
If yes, may we contact your present employer?		Yes	[] No

Employment Information:

Start with your current job (or prior job if not currently employed) and list all employers in the past 10 years including U.S. Military Service. This application must be filled out completely; please do not simply reference a resume.

Employer			
Address			
Position(s) held		Phone	
Dates of employment	From:	To:	
Job Duties			
Reason for leaving			
Employer			
Address			
Position(s) held		Phone	
Dates of employment	From:	To:	
Job Duties			
Reason for leaving			
Employer			
Address			
Position(s) held		Phone	
Dates of employment	From:	То:	
Job Duties			
Reason for leaving			

Summarize any special job-related skills and qualifications acquired from employment or other experience.

Education Information

Name and Location of	Type of School	Course of Study	Number of	Diploma or
School			Years	Degree Received
			Completed	

List any relevant certifications, special courses, and/or training.				

Professional References

Name	Name	
Address	Address	
Phone	Phone	
E-mail	Email	
Name		
Address		
Phone		
E-mail		
т	Danganal Dafananaag	

Personal References

Name	Name
Address	Address
Phone	Phone
E-mail	Email

Applicant's Statement

IMPORTANT – PLEASE READ BEFORE SIGNING

By my signature placed below, I certify that the information provided in this employment application, and accompanying resume, if any, is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date.

I authorize the investigation of all statements contained in this application, and accompanying resume, if any. I also authorize the Company to contact my current employer (unless otherwise noted on this form), past employers, and references.

I authorize any person, school, current employer, past employer, and organizations named in this job application, and accompanying resume, if any, to provide the Company with relevant information and opinions that may be useful to the Company in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

I understand that the Company is a Tennessee Drug-Free Workplace Employer and I hereby agree to undergo a drug screening prior to or after an offer of employment and, if hired, at any time during my employment when requested by Company. I understand that said offer is contingent upon the satisfactory results of drug screening.

I understand and agree that, if hired, my employment will be for no definite period of time, and may, regardless of the date of payment or stated terms of my wages or salary, be terminated at any time. I understand and agree that my employment relationship with the Company, if hired, is an employment-at-will relationship and may be terminated by either me or the Company at any time, with or without notice or cause.

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

Signature

Date

Printed Name