

EMPLOYMENT EXPERIENCE

List most recent employer first. Use Page 4 if additional space needed

From	To	Company Name and Address		Telephone
Position held		Describe your work		
Supervisor's Name and Title		Last salary	Reason for leaving	
From	To	Company Name and Address		Telephone
Position held		Describe your work		
Supervisor's Name and Title		Last salary	Reason for leaving	
From	To	Company Name and Address		Telephone
Position held		Describe your work		
Supervisor's Name and Title		Last salary	Reason for leaving	
From	To	Company Name and Address		Telephone
Position held		Describe your work		
Supervisor's Name and Title		Last salary	Reason for leaving	

May we contact the above employers? Yes No If 'no,' indicate with * which one(s) you do not wish us to contact.

EDUCATIONAL HISTORY

List all schools attended, including trade, business, or technical institutions

School Name and Location	Yrs Attended	Degree Received	Course of Study
High School			
Trade School			
College			

SPECIAL SKILLS & QUALIFICATIONS

List any other education, training, special skills, or certificates/licenses you possess _____

List any other machines or equipment that you are qualified and experienced at operating _____

Additional knowledge, skills, qualifications, publications, or awards that will be helpful to us in considering your application

PROFESSIONAL REFERENCES Please give name, address, and daytime phone number of three professional references

NAME AND TITLE	ADDRESS	TELEPHONE

CERTIFICATION

Please read very carefully. If you have any questions regarding this statement, please discuss them with a Human Resources Representative before signing.

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

Initials

I authorize Ameristar Air Cargo, Inc. to conduct a reference check so that a hiring decision may be made. In the event that Ameristar Air Cargo, Inc. is unable to verify any reference stated on this application, it is my responsibility to furnish the necessary documentation. I agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, driving record, and criminal history. I authorize any person, school, current and former employer, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation.

Initials

If accepted for employment with Ameristar Air Cargo, Inc. I agree to abide by all of its policies and procedures. If employed, I understand that I may terminate my employment at any time without notice or cause, and that the Employer may terminate or modify the employment relationship at any time without prior notice or cause. In consideration of my employment, I agree to conform to the rules and regulations of the Employer, as same may be changed from time to time, and I understand that no representative of the Employer, other than the President or Human Resources Officer, has any authority to enter into any agreement, oral or written, for employment of any specified period of time or to make any agreement or assurances contrary to this policy. If employed, I understand that my employment is for no definite period of time, and if terminated, the Employer is liable only for wages earned as of the date of termination.

Initials

I have read, understand, and by my signature consent to these statements.

Date

Applicant Signature

Ameristar Air Cargo, Inc.

Pre-Employment Notification & Acknowledgement

I understand and acknowledge that I will be required to undergo a DOT/FAA pre-employment drug test for the following prohibited drugs (as defined in 49 CFR § 40.3) prior to being hired or transferred into a Department of Transportation (DOT) safety-sensitive position as defined in 14 CFR part 120¹:

- Marijuana,
- Cocaine,
- Opioids,
- Phencyclidine (PCP), and
- Amphetamines.

(Print Name)

(Signature)

(Date)

In accordance with the Department of Transportation's (DOT's) Procedural regulation, 49 CFR part 40, § 40.25(j), in the **last 2 years** tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a DOT employer to which you applied and did not obtain employment?

NO If NO, sign below.

YES If YES, did you successfully complete the DOT return-to-duty procedures described in 49 CFR part 40, Subpart O, with a qualified Substance Abuse Professional (SAP), as well as the return-to-duty and follow-up testing? Please indicate your response and explanation below:

YES; please explain:

NO; please explain:

(Print Name)

(Signature)

(Date)

¹ A safety-sensitive function, as described in 14 CFR part 120, §§ 120.105 and 120.215, includes a flight crewmember, flight attendant, flight instructor, aircraft dispatcher, aircraft maintenance or preventive maintenance, ground security coordinator, aviation screener, air traffic controller, and operations control specialist.

