

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.		REFERRED BY:	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	# YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS:	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE (MONTH & YEAR)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

CONTINUED ON OTHER SIDE

Atlas Aircraft Center, Inc.

115 Flightline Road
Portsmouth, NH 03801

Phone: (603) 501-7760

Fax: (603) 501-7762

Security Identification Statement
Required for PSM Security Badge

Name: _____

Address: _____

Social Security #: _____

Position applying for: _____

Have you been convicted of a criminal offense in the past ten years?

If so, What: _____

When: _____

Was this a felony? _____

I affirm that the information supplied above is true and correct to the best of my knowledge, and misstatement of facts will lead to immediate termination of employment.

Signature: _____ Date: _____

Atlas Aircraft Center, Inc.

115 Flightline Road
Portsmouth, NH 03801
Phone: (603) 501-7760
Fax: (603) 501-7762

Employee Name: _____

Date: _____

49 CFR 40.25 requires DOT regulated companies to check the drug and alcohol testing record of new employees who were previously employed by a DOT regulated employer.

1. Have you been employed by any DOT regulated company within the last 24 months? (check one)

Yes No

If yes, please provide the name, address and phone number of the facility. (If more than one, list names, addresses, and phone numbers on the back of this form.) Also, please complete the attached form (one form for each DOT regulated company you have worked for in the last 24 months).

2. Have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive work covered by DOT drug and alcohol testing rules during the past two years? (check one)

Yes No

Signed: _____

REQUEST FOR INFORMATION FROM FORMER EMPLOYER

TO:			FROM: <i>Robyn Moses-Harney, HR Director</i>		
COMPANY NAME:			COMPANY NAME: <i>Alpha Flying, Inc./Atlas Aircraft Center, Inc.</i>		
ADDRESS:			ADDRESS: <i>115 Flightline Road</i>		
CITY:	STATE:	ZIP:	CITY: <i>Portsmouth</i>	STATE: <i>NH</i>	ZIP: <i>03801</i>

__Mr. __Mrs. __Ms. _____ SS# _____ has made application to our company for a safety-sensitive function as outlined in 49CFR, Parts 40.25, 653 and 654. Pursuant to Part 653.75(f) and Part 654.55(f), we are hereby requesting copies of records, which are maintained by you pursuant to 49CFR Parts 653.71 and 654.51, and 40.25.

PLEASE COMPLETE THE FOLLOWING:

1. What was the date of this applicant's employment? FROM: _____ TO: _____
2. Was he/she employed in a safety-sensitive function? _____ Yes _____ No
3. Was this applicant subject to alcohol testing or controlled substance testing pursuant to Part 40? _____ Yes _____ No
4. Did this applicant test positive during the preceding two years for:
 - (a) Alcohol concentration of .04 or greater? _____ Yes _____ No
 - (b) Verified positive for controlled substances covered under Part 40? _____ Yes _____ No
5. If positive (or refusal), was this applicant referred to a substance abuse professional? _____ Yes _____ No
6. Did this applicant see a substance abuse professional? _____ Yes _____ No
If yes, did this substance abuse professional recommend treatment? _____ Yes _____ No
7. If treatment was recommended, did applicant complete treatment? _____ Yes _____ No
8. Did applicant undergo a return-to-duty test, follow-up program? _____ Yes _____ No
9. If yes, did the return-to-duty test indicate a verified negative result? _____ Yes _____ No
10. Has this applicant any time in the past two years refused a required alcohol or controlled substance test (including verified adulterated or substituted drug test results)? _____ Yes _____ No
11. Other violation under the drug and alcohol testing regulations? _____ Yes _____ No
12. If yes, which test did applicant refuse? _____

THIS INFORMATION WAS PROVIDED BY:

Printed Name: _____ Company Name: _____
Signature: _____ Title: _____ Date: _____

PLEASE NOTE: pursuant to 49 CFR, Parts 653.75(f) and 654.55(f) require that previous employers must provide information regarding any violations found in Parts 653.71 and 654.51, 40.25.

RELEASE AUTHORIZATION

With my signature below, I am authorizing you to release any information in regards to any alcohol and/or controlled substance program and/or testing to which I was a party while in your employ, acting as your agent, under contract with you, or acting as your representative in any capacity during the preceding two years from the date listed below. This request is specific and to be released only to the company whose name appears below. Authorization of this release will expire once the requested information has been sent to the company named below. This authorization may not be used to provide information to any other persons.

Name of Company: Alpha Flying, Inc. / Atlas Aircraft Center, Inc.
Name of Applicant: _____ **Signature of Applicant:** _____
Witness: _____ **Date:** _____

N A D E
National Association of Drug-Free Employees
66 Commack Road, Ste 100
PH: (631) 462-0735 / Fax: (631) 462-0978

FAX THIS FORM
TO:
631-462-0978

EMPLOYEE ENROLLMENT FORM

Please complete this form using CAPITAL LETTERS
EMPLOYEE INFORMATION

LAST NAME: _____ DATE of BIRTH: _____
FIRST NAME: _____ MALE/FEMALE: _____
MIDDLE NAME: _____ SOC. SEC. NO.: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE NO: (____) _____ WORK PHONE NO: (____) _____
TELEPHONE CODE WORD: _____
(Choose any code word that you will remember, such as your mother's maiden name)

COMPANY INFORMATION

JOB CODES

COMPANY: ATLAS AIRCRAFT CENTER, INC.
JOB CODE: 7 - (MAINTENANCE FUNCTION)
(See list at right - FAA Only) 4-Flight Instructor
LOCATION: PORTSMOUTH, NH
(City & State) 6-Aircraft Dispatcher
COMPANY EMPLOYEE NO: _____ 9-Air Traffic Controller
NADE ACCOUNT NO: ATL009
CIRCLE TYPE OF PROGRAM
FAA FWHA FRA RSPA FTA USCG Corp

By signing below, I certify that: a) the information above is true and correct, b) I acknowledge the requirement of being drug and alcohol tested by my employer, c) I understand that I will be tested for marijuana, cocaine, phencyclidine, opiates, amphetamines and alcohol and d) I understand that all information will be kept confidential per 49 CFR Part 40.

Signature: _____ Date: _____