



UPDATE

THIS APPLICATION IS CONSIDERED ACTIVE FOR SIXTY (60) DAYS

APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

PLEASE ANSWER EVERY QUESTION BELOW. PLEASE PRINT IN INK

LAST NAME			FIRST NAME			MIDDLE NAME			SOCIAL SECURITY NO.					
CITY OF BIRTH						STATE OF BIRTH						DOB:		
IF PAST EMPLOYMENT OR EDUCATION RECORDS ARE UNDER ANOTHER NAME, PLEASE STATE THAT NAME									ARE YOU AT LEAST 18 YRS OLD?					
									<input type="checkbox"/> YES <input type="checkbox"/> NO					
CURRENT ADDRESS (INCLUDE STREET, CITY, STATE, AND ZIP CODE):									LENGTH OF TIME AT CURRENT ADDRESS					
PREVIOUS ADDRESS (INCLUDE STREET, CITY, STATE, AND ZIP CODE):									LENGTH OF TIME AT PREVIOUS ADDRESS					
CURRENT TELEPHONE # HOME: _____ OTHER: _____						ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO								

HOW DID YOU LEARN ABOUT OUR COMPANY?

- INTERNET FRIEND REFERRED BY CURRENT ASSOCIATE (NAME: _____)
- EMPLOYMENT AGENCY WALK-IN OTHER _____

ARE YOU ABLE TO COMPLETE A FEDERAL BACKGROUND CHECK ON LINE YES NO

PLEASE LIST YOUR CURRENT EMAIL ADDRESS _____

DO YOU HAVE ANY RELATIVES IN OUR EMPLOY? YES NO IF YES, NAME: _____

WHAT RELATIONSHIP? _____ WORKING AT WHAT LOCATION? _____

POSITION(S) FOR WHICH YOU ARE APPLYING	TYPE OF EMPLOYMENT YOU SEEK <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL	SALARY EXPECTED	DATE YOU CAN START
----------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------	-----------------	--------------------

LIST HOURS AND DAYS YOU ARE AVAILABLE TO WORK

FROM:
TO:

MON.	TUES.	WED.	THURS	FRI.	SAT.

EDUCATION AND TRAINING

CIRCLE HIGHEST YEAR COMPLETED

TRADE OR HIGH SCHOOL 9 10 11 12

TECHNICAL-BUS-OR COLLEGE 1 2 3 4

GRADUATE SCHOOL 1 2 3

TYPE OF SCHOOL	NAME AND COMPLETE ADDRESS OF SCHOOL	DIPLOMA OR DEGREE RECEIVED?	MAJOR OR FIELD OF STUDY?
HIGH SCHOOL	NAME	<input type="checkbox"/> YES <input type="checkbox"/> NO GRADE AVERAGE _____	
	STREET CITY STATE ZIP		
COLLEGE	NAME	<input type="checkbox"/> YES <input type="checkbox"/> NO YEARS ATTENDED FROM: _____ TO: _____ G.P.A. _____	
	STREET CITY STATE ZIP		
	STREET CITY STATE ZIP		

EMPLOYMENT HISTORY

PLEASE LIST YOUR COMPLETE EMPLOYMENT HISTORY. STARTING WITH YOUR CURRENT OR MOST RECENT EMPLOYER, INCLUDE ANY PERIODS OF MILITARY SERVICE, SUMMER OR SEASONAL EMPLOYMENT, SELF-AND/OR UNEMPLOYMENT. PLEASE USE THE BACK PAGE OF THIS FORM IF YOU NEED MORE SPACE TO GIVE YOUR COMPLETE EMPLOYMENT HISTORY.

CURRENTLY EMPLOYED. MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

NAME OF EMPLOYER	ADDRESS OF EMPLOYER	NATURE OF YOUR WORK MAJOR JOB DUTIES	REASON FOR LEAVING
1.	STREET _____ CITY _____ STATE ZIP	DATES OF EMPLOYMENT – MONTH & YEAR START: _____ END: _____	
NAME OF YOUR IMMEDIATE SUPERVISOR	TELE #	RATE OF PAY: START: _____ FINAL: _____	
2.	STREET _____ CITY _____ STATE ZIP	DATES OF EMPLOYMENT – MONTH & YEAR START: _____ END: _____	
NAME OF YOUR IMMEDIATE SUPERVISOR	TELE #	RATE OF PAY: START: _____ FINAL: _____	
3.	STREET _____ CITY _____ STATE ZIP	DATES OF EMPLOYMENT – MONTH & YEAR START: _____ END: _____	
NAME OF YOUR IMMEDIATE SUPERVISOR	TELE #	RATE OF PAY: START: _____ FINAL: _____	
4.	STREET _____ CITY _____ STATE ZIP	DATES OF EMPLOYMENT – MONTH & YEAR START: _____ END: _____	
NAME OF YOUR IMMEDIATE SUPERVISOR	TELE #	RATE OF PAY: START: _____ FINAL: _____	
5.	STREET _____ CITY _____ STATE ZIP	DATES OF EMPLOYMENT – MONTH & YEAR START: _____ END: _____	
NAME OF YOUR IMMEDIATE SUPERVISOR	TELE #	RATE OF PAY: START: _____ FINAL: _____	

SPECIAL SKILLS, EXPERIENCE, AND ACTIVITIES

LIST ANY EXPERIENCES, SKILLS, AWARDS, OR ACTIVITIES WHICH YOU CONSIDER TO BE APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING

GENERAL INFORMATION

HOW MUCH TIME HAVE YOU MISSED FROM SCHOOL OR WORK IN THE LAST TWO YEARS? _____

HAVE YOU EVER BEEN CONVICTED OF COMMITTING A CRIME, OR ARE YOU PRESENTLY UNDER CHARGE FOR VIOLATING AND LAWS (OTHER THAN MINOR TRAFFIC VIOLATIONS)? PRIOR CONVICTIONS WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM CONSIDERATION FOR EMPLOYMENT.

YES NO IF YES, PLEASE EXPLAIN WITH DATES OF CONVICTION(S): _____

I certify that to the best of my knowledge the information given by me in this application is complete and correct. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for may result in dismissal. I understand that if employed I can resign at any time and for any reason and that the Company may release me at any time and for any reason. I also understand that no manager, supervisor, or other representative of the Company, other than the Group President, Group Operations Manager, or Director of Human Resources can modify my employment-at-will status. I further understand that the duration, hours, nature, compensation, and benefits of my employment may be changed and modified from time to time without limitation or condition. I also understand that if hired I am required by law to produce original documents that verify my U.S. employment eligibility and identification.

SIGNATURE _____

NOTICE TO APPLICANTS AS REQUIRED BY THE FAIR CREDIT REPORTING ACT

As part of our employment process an investigation may be made with respect to an applicant's credit status, character, general reputation, personal characteristics and mode of living. Additional information as to the nature and scope of such a report if made will be provided upon the written request of the applicant.

SIGNATURE _____

FOR OFFICE USE ONLY			
DATE OF HIRE: _____	AS: _____	STATUS: _____	START RATE: _____ ASC# _____
STORE# _____	AREA: _____	CLOCK#: _____	BADGE#: _____ BECS CLASS#: _____
APPROVED: _____			

Federal Aviation Administration Office of Security and Hazardous Materials	Child Care Position Questionnaire
-------------------------------------------------------------------------------------------	----------------------------------------------

Name: _____

Telephone: _____

This questionnaire applies to child care workers hired or contracted by the federal government to provide child care services to persons under the age of 18 as part of any FAA sponsored activity, as either an employee or volunteer. The questions below are in accordance with requirements set forth in 42 USC 13041(c). Responses to the questionnaire are voluntary and you may stop answering the questions at any time. Your responses will be used to determine your eligibility for access to the FAA facility. Failure to respond to any question may have a negative impact on this determination. For any question that you answer "yes", please provide an explanation to include the date, applicable law enforcement agency (city & state), charge, disposition, and court information.

1. Have you ever been investigated, arrested, charged, or convicted with any sex related crime, for example, soliciting for prostitution, indecent exposure, or possession of child pornography?

2. Have you ever been investigated, arrested, charged, or convicted with child abuse, child molestation, child endangerment, soliciting a minor, contributing to the delinquency of a minor, neglect of a child or other dependent?

3. Are you a registered sex offender? If yes, provide information on location of registration.

4. Have you ever been fired, or left employment or volunteer work by mutual agreement, for any problems involving the treatment, mistreatment, injury, abuse or death of a child? If yes, provide date, name of employer and give details.

5. Have you ever been investigated, arrested, charged, or convicted of a drug related offense, to include, use, purchase, possession, supplying, manufacturing, transfer, or shipping of illegal or legal drugs? If yes, provide date, number of times.

I certify that the answers I provided to the questions are true. I have read or have had another individual read the questions to me so I understand each question. I also understand that any false statement on this questionnaire will result in termination of my access to FAA facilities.

Signature

Date