

Corporate Air, LLC

APPLICATION FOR EMPLOYMENT

Position Desired _____ [] Part time [] Full time Date _____

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT**

I understand that, if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I would be employed on an "at will" basis, which means that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the Chairman and CEO of the Company has authority to modify this relationship. Any such modification must be in writing, signed by the Chairman and CEO.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them, whether favorable or unfavorable. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

By signing below, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false, incomplete or misleading in any respect, the Company may, in its sole discretion, terminate my employment.

***** AUTHORIZATION TO OBTAIN CONSUMER REPORTS *****

I CERTIFY THAT I HAVE RECEIVED A WRITTEN NOTIFICATION THAT THE COMPANY MAY OBTAIN ONE OR MORE CONSUMER REPORTS ON ME. THESE REPORTS, WHICH MAY INCLUDE CREDIT BUREAU REPORTS, CRIMINAL RECORD HISTORIES AND DRIVING RECORDS, MAY BE USED IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT AND FOR OTHER EMPLOYMENT-RELATED PURPOSES. I AUTHORIZE THE COMPANY TO OBTAIN THESE REPORTS.

_____ Date _____ Signature of Applicant

PERSONAL DATA

Name _____ Social Security No. _____
(Print) Last First Middle

Present Address _____ How long have you lived there? _____
Street and Number City State Zip Years Months

Previous Address _____ How long did you live there? _____
Street and Number City State Zip Years Months

Telephone No. _____ Are you 18 years of age or older? [] Yes [] No

Do you have any friends or relatives working here? [] Yes [] No
 If Yes, Name: _____
 Relationship: _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? [] Yes [] No
 Do you have any criminal charges pending? [] Yes [] No If Yes to either question, please give date and details of each:

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes, which are substantially related to the position you are seeking, will be considered.

EMPLOYMENT RECORD

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Present or Last Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>
Address	To (mo/yr)	Final \$	<u>Supervisor</u>	
City, State, Zip Code				
Telephone				
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>
Address	To (mo/yr)	Final \$	<u>Supervisor</u>	
City, State, Zip Code				
Telephone				
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>
Address	To (mo/yr)	Final \$	<u>Supervisor</u>	
City, State, Zip Code				
Telephone				
Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>
Address	To (mo/yr)	Final \$	<u>Supervisor</u>	
City, State, Zip Code				
Telephone				

EMPLOYMENT RECORD (CON'D)

Previous Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start \$	<u>Position</u>	<u>Reason for Leaving</u>
Address				
City, State, Zip Code	To (mo/yr)	Final \$	<u>Supervisor</u>	
Telephone				

Have you ever been terminated or asked to resign from any job? [] Yes [] No If Yes, please explain circumstances:

Please explain fully any gaps in your employment history:

May we contact your current employer? [] Yes [] No. If No, please explain:

PREVIOUS EXPERIENCE

Please describe below any prior aviation experience and other experience, which you feel, will help you in performing the job you have applied for.

EDUCATION

School Name	Years Completed: (Circle)	Diploma or Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities
	Elementary 4 5 6 7 8			
	High School 9 10 11 12			
	College 1 2 3 4			
	Graduate School 1 2 3 4			
	Trade or Correspondence			
	Other			

PROFESSIONAL LICENSE (Please complete if the position for which you are applying requires a professional license)

Do you have a professional license? [] Yes [] No

Has your professional license ever been suspended or revoked? [] Yes [] No If Yes, please explain circumstances:

PERSONAL REFERENCES

Please list persons who know you well -- not previous employers or relatives.

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

DRIVING INFORMATION (Please complete if the position for which you are applying involves any driving)

Do you have a current driver's license? [] Yes [] No

State: _____ License No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? [] Yes [] No If Yes, please explain circumstances:

Do you have personal automobile insurance? [] Yes [] No Insurance Company: _____

Has your personal automobile insurance ever been canceled? [] Yes [] No If Yes, please explain circumstances:

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? [] Yes [] No

If Yes, please explain circumstances and outcome

Please list all moving traffic violations in the last five (5) years:

_____ Offense	_____ Date	_____ Location	_____ Offense	_____ Date	_____ Location
_____ Offense	_____ Date	_____ Location	_____ Offense	_____ Date	_____ Location

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF FORTY FIVE DAYS (45) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE AND ACCURATE.

Signature of Applicant

Date

**DISCLOSURE OF INTENT
TO OBTAIN CONSUMER REPORTS**

In compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act) and applicable state law, this notice is to inform you that this Company may obtain one or more consumer reports in connection with your application for employment and for other employment-related reasons. "Consumer reports" include, but are not limited to, credit reports, criminal background checks, and Department of Motor Vehicle Reports.

**AUTHORIZATION
TO OBTAIN CONSUMER REPORTS**

I authorize this Company or persons acting on its behalf to obtain consumer reports from time to time for use in connection with my application for employment and for other employment-related reasons.

Signature of Applicant/Employee

Date

Full name (please print)

Social Security No.

Please list maiden name, if applicable, or any other names you have used

Drivers License Number

State

(RETAIN IN PERSONNEL FILE)