

Application for Employment (DOT)

Air Serv Corporation is an Equal Opportunity Employer

GENERAL INFORMATION

Failure to provide complete information may result in denial of your application. Please type or print clearly using black or dark blue ink only. If you need additional space for any section of this application, attach separate sheets of paper, clearly labeled, as necessary. Make certain all required attachments to this application are present when you submit it. Incomplete applications that are pending additional information will not be considered until all information and attachments are received. Information provide in this application will be kept confidential unless the applicant consents otherwise. Providing false information on this application is a violation of State and Federal laws.

I understand that filling out this form does not indicate there is a position open and does not obligate Air Serv to hire me. If hired, I agree to abide by Air Serv's work rules, policies and procedures relating to work performance and conduct.

No person shall be denied employment consideration on the basis for race, color, ethnicity, national origin, sex/gender, religion, creed, age, sexual orientation, marital status, veteran status, or disability. I am fully aware that, if employed, I will be an **AT-WILL** employee. Either Air Serv or I may end my employment with or without notice, and with or without cause at any time.

| Applicant Signature | | | Date | | | | | | |
|--|------------------|----------------------|-------------------------|--------------|---------|-----------|-----------------------|-----------------------|----------------|
| APPLICANT'S FULL N | NAME: | | | | | | | | |
| Last | First | Middle | | | Pre | vious nam | es used: | Social 9 | Security # |
| URRENT MAILING A | ADDRESS: | | | | | | | | |
| Street Address | | Apt. # | | City | | | State | Zip Code | |
| ELEPHONE NUMBE | R(S): | | | | | | EMAIL ADD | RESS: | |
| Day () | Evening (|) | | Cell () | | | | | |
| MPLOYMENT INFO | RMATION | | | I. | | | • | | |
| Date available to begin wor | k: Days/ | hours you are una | ble to wo | rk: | | Shift Pre | | | Hours Desired: |
| How did you hear about us? | Emplo | oyee Referral - Refe | erred by: _ | | | • | | | |
| School Air Serv Cor | poration Website | Newspaper_ | | | | □ | Other | | |
| Have you been previously e | | | If YES, ple Dates of | | | Ро | sition(s): | | |
| | | | | | | | | | |
| • If hired, can you prov (Employment is con | | | | | ited St | ates? | Yes | ☐ No | |
| • Have you ever been If YES, attach a c | | | | | ubsec | quent tii | Yes me spent in ja | ☐ No il or prison. | |
| • Have you ever been | convicted of D | rivina While Ur | nder the | Influence of | Alcoho | ol or | - | - | |
| Under the Influence | of a Controlled | Substance? | | | | | ☐ Yes | ☐ No | |

| EDUCATION | | | | | | | | | | |
|---|---------------------------------------|-----------------|-----------------|---------------|-----------|-----------------------------|------------|------------------------|-------------|--|
| Prior to any off transcripts. | er of employm | ent being m | ade, you may | y be asked | l to pro | vide cop | ies of you | ır school dip | oloma(s), c | ertificate(s), and/or |
| Circle number | of vears com | oleted at eac | h level: Hi | gh Schoo | ol 1 2 | 2 3 4 | Coll | ege 1 2 | 3 4 | |
| | Name Locati | | | | 1 | ou graduate? | | GED, Diploma or degree | | |
| High School | | | | | | | | | | <u> </u> |
| College | | | | | | | | | | |
| Other | | | | | | | | | | |
| U.S. MILITAR | Y SFRVICE | | | | | | | | | |
| Service Branch: | | | | | Area | a of Speci | alization: | | | |
| | | | | | | | | | | |
| Final Route or Rat | ion: | | | | Len | Length of Service: | | | | |
| SPECIAL SKIL | I /KNOWI FC | OGF | | | | | | | | |
| List any special sk | | | consider releva | ant to your e | employm | ent quali | fications: | | | |
| | _ | | | | | - | | | | |
| Language Ab | ility: Please i | ndicate any | / language(| s) in whic | h you | are pro | ficient. | | | |
| English: 🔲 Speal | k 🔲 Read 🔲 Wr | rite | | | Other: | | | | | Speak 🔲 Read 🔲 Write |
| Other: | | | Speak 🔲 Read | Write | Other: | | | | | Speak 🔲 Read 🔲 Write |
| MOTOR VEHI | | _ | | | | | | | | |
| Driver's License #: | | State: | Expiration Da | te: | | lass Type | | Endorseme | nt(s): | Restrictions: |
| | Ty | ype of Equipme | ent | | How | How Long | | | | Location |
| _ Driving _ | ng / · · · · | | | | | | | | | |
| Experience | | | | | | | | | | |
| Accident Recor | d: List acciden | its for the pa | st three (3) y | ears begir | ning w | ith the i | nost recei | ı nt (attach ac | dditional s | heet if necessary) |
| Accident Record: List accidents for the past three (3) years beginning Accident Date Nature of Accident | | | | | Fataliti | | | Injuries | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Traffic Viola | ations (other th | nan parking v | - | | | | | years begir | nning with | the most recent (attach |
| Loca | tion | | Date | additiona | ı sneet | cheet if necessary) Charge | | | | Penalty |
| | | | | | | <u> </u> | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Have you ev | er been denied a | license, permit | or privilege to | operate a m | notor veh | nicle? | | Yes | No No | |
| Has any licer | nse, permit, or privered 'YES' to eit | vilege ever bee | n suspended o | r revoked? | | | - \ | Yes | No | |
| APPLICANT A | | - | | | | - | п., | | | |
| | | | | | | | lanco with | ΣΕΛΛ Ληti-l | Drug Tostir | ng Program, Department of |
| | (DOT) Regulatio | ons, and Air Se | erv Corporatio | on Compai | ny Policy | y, I will b | e required | to take a pr | | nent drug test. The Company |
| | | | | | | | | | | - marijuana, cocaine, opiates, |
| amphetamines, includes randor | | | | | | | | ngoing Drug | J/Alcohol A | buse testing program which |
| | | | | | | | | | | oration, or if I have a verified t I will not be considered for |
| | | | | | | | | | | |
| Applic | cant Name (please | print) | | | Appli | cant Sign | ature | | | Date |

| O YEAR EMPLOYMENT / BACKO | GROUND HISTORY – Page 1 of | (Additional page available if n | eeded) | | |
|--|--|---|---|--|--|
| Federal Law requires that personne and possibly a criminal records che | l considered for certain airline duties ar | e subject to a full 10-year empl o | syment history verification | | |
| . , | story must be listed for the previous te | n (10) years, <u>including all gaps in</u> | employment. (Use an extra | | |
| <u>All</u> employment gaps of <i>two</i> (Examples: unemployment re | (2) consecutive months or more during cords/receipts, official school records, records check may be pecessary for cert | nedical records.) | lished verification. | | |
| A fingerprint-based criminal records check may be necessary for certain job classifications, and/or: 1) If any 12 month period of unemployment cannot be satisfactorily accounted for. | | | | | |
| If the applicant is unable to support statements made, or there are significant inconsistencies in the information provided with regard to gaps in employment and information obtained through the verification process. | | | | | |
| • | ard to gaps in employment and informa | _ | | | |
| Current (or most recent) Employer: | Address: | Employment Dates: | Reason for Leaving: | | |
| | | | | | |
| Companies de Names | Talanhana | Position Held: | | | |
| Supervisor's Name: | Telephone: | | | | |
| | Fax: | | May we contact this employer? YES NO | | |
| | <u>FOR EMPLOYER US</u> | | | | |
| VERIFIED WITH: | Verified By: | | DATE: | | |
| COMMENTS: | | | | | |
| Employer: | Address: | Employment Dates: | Reason for Leaving: | | |
| | | | | | |
| | | | | | |
| | | Position Held: | | | |
| Supervisor's Name: | Telephone: | | | | |
| | | | | | |
| | Fax: | | | | |
| | <u>FOR EMPLOYER US</u> | E ONLY | | | |
| VERIFIED WITH: | | | DATE: | | |
| COMMENTS: | | | | | |
| Employer: | Address: | Employment Dates: | Reason for Leaving: | | |
| | | | | | |
| | | | | | |
| | | Position Held: | | | |
| Supervisor's Name: | Telephone: | | | | |
| | | | | | |
| | Fax: | | | | |
| | FOR EMPLOYER US | E ONLY | · | | |
| VERIFIED WITH: | VERIFIED BY: | | DATE: | | |
| COMMENTS: | | | | | |
| | ave given is true, and I understand that ar de to be rescinded, or any employment or t | | | | |
| background, references, employment employers or any third party to disclos without giving me prior notice of sucl | to verification. By signing this document, record and other matters related to my e to Air Serv all reports and other informatin disclosure. In addition, I hereby release A ising out of or related to such to make a con | suitability for employment. Furthe on related to my suitability for emplo ir Serv, former employers and all ref | rmore, I authorize my former pyment, personal or otherwise, erences listed above from any | | |
| Applicant Name (please prin | f) Applica | nt Signature | Date | | |
| pcane raine (picase pini | -, Applica | | | | |



AUTHORIZATION FOR BACKGROUND INVESTIGATION

| l, | , hereby authorize Air Serv Corp | oration and/or its agents to make ar |
|---|--|--|
| | round, which may include my character, general lication of employment with Air Serv Corporation. | reputation, personal characteristics, and |
| | information concerning my driving record, civitials, identity, past addresses, social security num | |
| bureaus, school, police department, cou institution, or other persons having perso information in their possession regarding obtaining other information which may | ormer employer, state/federal government office, so int records, including those maintained by both ponal knowledge about me to furnish Air Serv Corping me for the purpose of confirming the informaty be material to my qualifications for employmine authority as the original, and I specifically waive mation upon this authorization request. | oublic and private organizations, financia poration and/or its agents with any and al tion contained on my Application and/or ent. I consent that a photocopy of this |
| The following is my true and complete leg | gal name and all information is true and correct to | the best of my knowledge: |
| Full Name (<i>print</i>): | | |
| Maiden Name or Other Names Used (print): | | |
| Date of Birth: | Social Security Number: | |
| Driver's License Number: | State of Issue: | |
| Phone: | Cell: | |
| Please provide all resident | ial addresses for the past 10 years, begi | nning with the current one. |
| Street Address | City/State/Zip Code | Years at Address |
| | | |
| | | |
| | | |
| | | |
| | | |
| | rledges that I have read and understand this form a r, or any similar cause against Air Serv Corporation | |
| Signature | | Date: |



DOT APPLICANT QUESTIONNAIRE

PREVIOUS DRUG AND ALCOHOL TESTING INFORMATION

Applicants MUST answer the following questions. Please respond by checking Yes or No after each of the following questions. These questions are required by US Department of Transportation Regulation 49 CFR Part 40.

| Ш | me | rasi | TWO | rears: |
|---|----|------|-----|--------|
| | | | | |

| In the | Past Two Years: | | |
|-----------|---|---|--|
| 1. | Have you had any DOT required alcohol test with a alcohol concentration? | a result of 0.04 or higher Yes No | |
| 2. | Have you had any verified (by the Medical Review drug/alcohol tests? | Office) positive DOT required Yes No | |
| 3. | Have you refused to be tested (including having a substituted drug test result)? | verified adulterated or Yes No | |
| 4. | Have you had any other violation of DOT agency or regulation? | Irug or alcohol testing Yes No | |
| 5. | 5. Were there any situations in which you tested positive on a pre-employment test for a DOT employer that did not hire you? | | |
| 6. | Were there any situations in which you refused to adulterated or substituted finding) to a pre-emploemployer that did not hire you? | | |
| | I certify that my responses to the above qu | estions are true: | |
| Signature | | Date | |
| Print Nan | ne | Social Security Numbel | |



AUTHORIZATION TO RELEASE MOTOR VEHICLE RECORD

I hereby give consent, without any reservation, for Air Serv and/or its agents to obtain a copy of my driving record as part of a pre-employment background check for Air Serv Corporation.

I agree that a telephone facsimile (fax) or photographic copy shall be valid as the original.

I certify and understand, as my signature below acknowledges, that I have read this form and waive any rights I may have to bring criminal and/or civil action for defamation, invasion of privacy, or any similar cause against Air Serv Corporation and/or its agents.

Please provide the following information:

| Name (As it appears on your drivers' licen: | se): | | | |
|---|--------|------|--|---|
| Drivers' License Number: | State: | | | |
| Social Security Number: | | | | |
| Date of Birth (Month/Day/Year): | | | | |
| | | | | |
| Signature | | Date | | |
| Witness Signature | Date | | | - |



JURY TRIAL WAIVER AGREEMENT

The Company hopes that, if you become employed, your experience will be a positive one. We also firmly believe that our internal complaint resolution procedures should be sufficient to resolve any problems that may arise between you and the Company. However, we recognize that sometimes, despite everyone's best efforts, a matter cannot be resolved internally. In those rare instances, we believe that judges are in the best position to fairly resolve these disputes.

This document is a Jury Trial Waiver Agreement ("Agreement"). In exchange for the Company's consideration of your application for employment and your actual employment (if hired), you are being asked to sign this Agreement as a condition of being employed by the Company. Because we believe that judges are best suited to resolve disputes between you and Company, if you choose to sign this Agreement, the Company also will waive its right to request or demand a jury trial with respect to any lawsuit between you and the Company.

This Agreement does not prevent you from filing charges with administrative agencies such as the Equal Employment Opportunity Commission or the National Labor Relations Board or equivalent state agencies. This Agreement does not take away any of your rights to sue or to seek all of the types of remedies the law allows. It simply provides that a judge will decide any differences that cannot be resolved through the Company's internal complaint resolution procedures. By signing this Agreement, you waive your right to request or demand a jury trial with respect to any claims under federal or state law (to the extent permitted by the law of the state in which you may be employed) that you may assert against Air Serv Corporation, its affiliates, subsidiaries, divisions, successors, assigns, purchasers, and/or its current, former, and future employees, shareholders, officers, directors and agents ("the Company"). This includes, but is not limited to, claims relating in any manner to your application for employment, your employment (and any of its terms or conditions), or your separation from employment with the Company.

You may choose to reject this Agreement. If you choose not to sign this Agreement, you will not be hired (or, if hired, you will not remain employed) by the Company. If you decide not to sign this Agreement today, you may take it with you and you may consult with any attorney of your choosing to discuss this Agreement before signing it. You may take as much time as you want to consider this Agreement, but you will not be considered for an open position until you have submitted a complete application (including this Agreement).

This Agreement constitutes the entire agreement and understanding between you and the Company and supersedes any prior agreements and understandings, whether written or oral, related to its subject matter. This Agreement cannot be revoked or modified except by a written agreement, signed by you and the General Counsel of the Company. Nothing in this Agreement shall be construed to create an offer of employment or a contract for a definite term of employment, express or implied, or to alter any at-will employment relationship.

IMPORTANT: BY SIGNING BELOW, I AGREE THAT I HAVE HAD AS MUCH TIME AS I WANTED TO CONSIDER THIS AGREEMENT AND THAT I UNDERSTAND I AM GIVING UP AND WAIVING MY RIGHT TO A JURY TRIAL KNOWINGLY, INTELLIGENTLY, VOLUNTARILY, AND FREE FROM DURESS OR COERCION.

| Date | Candidate Signature |
|------|---------------------|