



APPLICATION FOR EMPLOYMENT

We appreciate your interest in our company and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in considering you for the position that best matches your qualifications. Therefore, we encourage you to be as complete and specific as possible as no action can be taken on this application until all questions have been answered. Our company is committed to equal employment opportunity. We will not discriminate against employees or applicants for employment on any legally-recognized basis ["protected class"] including, but not limited to: race, color, religion, sex, pregnancy, national origin, age, physical or mental disability, genetic information, veteran status, uniform service member status, or any other protected class under federal, state, or local law. This application will be given every consideration, but its receipt does not imply that the applicant will be employed or that they will be assured an interview.

Please Print Clearly – This application will remain on file for forty-five (45) days.

Name: _____ Home Phone: _____

Street Address: _____ Cell Phone: _____

City, State, Zip: _____ E-mail Address: _____

Position you're interested in: _____ Desired Salary \$ _____

If hired, what date would you be able to start? _____ Position Type: Full Time Part Time On-call

Have you ever worked for National Jets or National Air Ambulance? Yes No If yes, name of previous supervisor? _____

Are you related to a current and/or former employee of National Jets? Yes No If yes, please provide name and relationship to you. _____

Who referred you to National Jets?

Employee Friend (Name) _____ Internet Site _____

School _____ Other _____

Are there any days or hours you would be unable or unwilling to work? Yes No If yes, please specify: _____

Do you understand employment may require working weekends, nights, holidays, overtime and involve shift rotation? Yes No

Are you able to perform the essential requirements of this job with or without reasonable accommodation? Yes No

Are you now, or do you expect to be working in any other business or job? Yes No

Upon employment, are you able to provide proper documentation establishing your eligibility to be employed in the U.S.? Yes No

Many positions throughout the organization require driving a company vehicle or regularly operating an automobile during Company business and therefore require a valid driver's license. If required for the position, do you have a valid driver's license? Yes No

Are you over 18 years of age? Yes No

Have you ever been convicted of, or plead guilty or no contest or had adjudication withheld in connection with a felony or misdemeanor? (Including DUI/DWI) Yes No On Probation? Yes No Criminal charges pending? Yes No

If yes to any of the above, describe in full, including office, location, dates, and deposition. (**Note:** Convictions, guilty pleas, withheld adjudications or pending charges are not an automatic bar to employment. All circumstances will be considered) _____

Have you ever been terminated from a position or have been asked to resign? Yes No If yes, please explain in full: _____

Employment History

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. Show unemployed or self-employed periods, indicate dates of each and explain. All time must accurately and truthfully be accounted for.

For applicants seeking positions in aviation, it is an FAA requirement that we have your last 10 years of employment history of file at our office. The most recent 5 years of which have to be verified by phone or in writing, so please be thorough. Please list all employers from most recent back 10 years. Be sure there are NO GAPS that are unaccounted for. If you were unemployed for any period of time please use a space to indicate the time period you were unemployed. Use a space for any military time, and that time will have to be accompanied by a DD Form 214 verifying the appropriate dates. Thank you for helping us with this information. Please provide explanations for any gaps in employment of more than 12 months during the previous ten year period.

Please DO NOT put "See Resume". Fill out this section in its entirety.

1.	<hr/>					
	Employer/Company Name	Address	City	State	Zip Code	Country
	<hr/>					
	Phone	Job Title	Start Date (MM/YY) End Date (MM/YY)			
	<hr/>					
	Supervisor's Name	Supervisor's Title	Starting Pay	Ending Pay	Reason For Leaving	
	<hr/>					
	Were you under a DOT drug program at this company? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

2.	<hr/>					
	Employer/Company Name	Address	City	State	Zip Code	Country
	<hr/>					
	Phone	Job Title	Start Date (MM/YY) End Date (MM/YY)			
	<hr/>					
	Supervisor's Name	Supervisor's Title	Starting Pay	Ending Pay	Reason For Leaving	
	<hr/>					
	Were you under a DOT drug program at this company? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

3.	<hr/>					
	Employer/Company Name	Address	City	State	Zip Code	Country
	<hr/>					
	Phone	Job Title	Start Date (MM/YY) to End Date (MM/YY)			
	<hr/>					
	Supervisor's Name	Supervisor's Title	Starting Pay	Ending Pay	Reason For Leaving	
	<hr/>					
	Were you under a DOT drug program at this company? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

4.	<hr/>					
	Employer/Company Name	Address	City	State	Zip Code	Country
	<hr/>					
	Phone	Job Title	Start Date (MM/YY) to End Date (MM/YY)			
	<hr/>					
	Supervisor's Name	Supervisor's Title	Starting Pay	Ending Pay	Reason For Leaving	
	<hr/>					
	Were you under a DOT drug program at this company? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

5.	<hr/>					
	Employer/Company Name	Address	City	State	Zip Code	Country
	<hr/>					
	Phone	Job Title	Start Date (MM/DD/YY) to End Date (MM/DD/YY)			
	<hr/>					
	Supervisor's Name	Supervisor's Title	Starting Pay	Ending Pay	Reason For Leaving	
	<hr/>					
	Were you under a DOT drug program at this company? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Professional References

List (3) business/ work references that are not related to you.

Name	Telephone	Years known	In what capacity did this person observe you or your work?
1. _____			
2. _____			
3. _____			

Educational Background

Level	Name of School	Location (City, State)	# of Years Attended?	Did you graduate?	Major/ Area of Study	Certificate, Diploma or Degree Earned
High School						
Business, Trade, Technical						
College						
Graduate School						

Skills & Job Abilities

Indicate job skills, qualifications, foreign languages, training or equipment you can operate which pertains to the job for which you are applying.

Licenses

List any professional license(s) that are related to the position for which you are applying and list the State(s) in which you're licensed:

Professional License or Certification	License Number	State	Expiration Date (mm/dd/yyyy)

Notice to Applicants

We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, pregnancy, national origin, age, physical or mental disability, genetic information, veteran status, uniform service member status, or any other protected class under federal, state, or local law. Your opportunity for employment will be based solely upon your qualifications and ability to perform the job for which you are being considered.

We comply with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job related functions.

We also maintain a Drug-Free Workplace as defined by Florida Chapter 59A-24, Florida Administrative Code, Drug-Free Workplace Standards, a complete copy of which is maintained by the employer for review by employees upon request.

Acknowledgement and Authorization

Please Read Carefully and Sign

I certify that all information given to National Jets by me in the form of an employment application, resume, related papers or answers given by me during oral interviews are true and correct. I understand the employer will make a thorough investigation of my past work and personal history. I authorize the references and my prior employers listed above to provide my record, reason for leaving, and all other information they may have concerning me or any such information requested by National Jets in the course of such investigation and hereby release from liability all persons who provide such information to the employer. I understand that falsification or any derogatory information discovered as a result of investigation may subject me to immediate dismissal for cause and the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination.

I understand and agree that in processing my employment application, the company may check my criminal history at any time, either before or after I am employed.

I understand that in accordance with Florida Statute 443.131(3) (a) (2), if hired, I will be placed on a 90-day probationary period. I understand that if I am terminated during this probationary period, the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination.

I understand, under Rules of the State of Florida for Drug-Free Workplaces, as a condition of my employment, I must take and pass a pre-employment urine and/or blood test at authorized threshold levels for any or all of the drugs or alcohol listed by the employers Drug-Free Workplace Policy statement, copies of which have been provided to me and a copy, executed by me, returned to the employer.

I further understand, subject to confidentiality constraints and rights of appeal granted by State and Federal law, if the results of my pre-employment drug and/or alcohol tests are POSITIVE (indicating substance abuse) and are received by the employer prior to or within the 90-day probationary employment period, notwithstanding any other disciplinary provisions contained in the employer's Drug-Free Workplace Policy statement, I will be terminated for cause and the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination.

I understand and agree that all policies, procedures, whether written, published or orally communicated by the employer may be modified, amended or deleted by the employer with or without notice to me of such change(s); that the employer's policies and procedures are not intended to be a contract of employment, nor do they give me a right of continued employment; and, if hired, my employment may be terminated at my option or at the option of my employer with or without prior notice to either party. I also agree there are no other written or oral arrangements, agreements or understandings regarding the terms of my employment and that any amendments or exceptions to this statement must be in writing and signed by a person(s) duly authorized by the employer.

I hereby understand and acknowledge that, unless otherwise required by applicable law, any employment relationship with this organization is of an "at will" nature, which means that I may resign at any time and the company may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive at this organization.

If hired, I agree to abide by and conform to all company policies and procedures, safety regulations and local, state and federal laws pertaining to my employment. In accordance with applicable airport security regulations administered by the Department of Homeland Security, Transportation Security Administration, and/or other local governing authorities, I understand I must be able to obtain the requisite security clearance and security badge as a condition of hire.

This application for employment shall be considered active for a period of time not to exceed 45 days. I understand that if I wish to be considered for employment beyond this period, I should inquire as to whether or not applications are being accepted at this time.

I have read and agree to the above terms and conditions.

Print Name: _____

Signature: _____ Date: ____/____/____

IN ORDER TO BE CONSIDERED, THIS APPLICATION MUST BE FILLED OUT COMPLETELY.