

**NORTH AMERICAN AIRCRAFT SERVICES, INC.
APPLICATION FOR EMPLOYMENT**

Rev. 1-29-99

Page 1 of 7

Personal Information

Please print

Name: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____
Phone (Home): _____	(Work): _____
Social Security #: _____	Date of Birth: _____
DOB optional (For use in criminal and drivers record history. The Age Discrimination In Employment Act of 1967 prohibits Discrimination in employment on the basis of age.	
Drivers License #: _____	State of Issue: _____ Exp. Date: _____
Aviation License type and #: _____	
Are you legally eligible for work in the USA? _____ Are you over 18 years of age? _____	
Have you ever been convicted or pleaded guilty to a misdemeanor or a felony? _____	
If yes, please explain: _____	

Employment Desired

Position: _____	Date you can start: _____	Salary Desired: _____
May we inquire of your present employer? _____ Do you have a relative currently employed		
with us? _____ Who? _____ Willing to relocate? _____		
Location you are applying for: _____		Additional Comments: _____

NAME OF SCHOOL	LOCATION	YEARS ATTENDED	YEAR GRADUATED	SUBJECTS STUDIED

**NORTH AMERICAN AIRCRAFT SERVICES, INC.
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General Information

Rev. 1-29-99 Page 2 of 7

Subjects of special study/research work or special training/skills <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
U.S. Military or Naval Service (Please provide copy of DD 214) Rank: _____

Present/Former Employers

This must be completed for mandatory background checks

Use the space below to list your employment history for the last ten years. Please give an explanation for any gap of two months or greater. You must list employment dates, company name, and city, state, and telephone numbers. If a contract company on a temporary basis employed you, list the Contract Company's name and address followed by the name of the company you were assigned to. If you were self-employed or unemployed, please list those dates. (Please attach an additional sheet of paper if necessary). Even if you have included a resume with this form, or if you have sent a resume to us in the past, you must complete this page. **PLEASE PRINT.**

Company Name & Address	Contact Person & Telephone Number	Job Title	Dates of Employment

**NORTH AMERICAN AIRCRAFT SERVICES, INC.
APPLICATION FOR EMPLOYMENT**

References

Rev. 1-29-99 Page 3 of 7

List the name, address, and telephone number of 3 personal references not related to you who can verify your work history for the past 10 years.

NAME	ADDRESS	TELEPHONE NUMBER WITH AREA CODE

Previous Cities of Residence and Names Used

List all cities and states where you have lived for the past 10 years.

List all other names used in the past 10 years.

City and State	Names Used and Dates

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release the company from all liability from any damage that may result from utilization of such information. This authorization and consent for release of personal acknowledges that NAAS and/or its agents may conduct investigations. These investigations might also include, but are not limited to, educational institutions attended, financial or credit agencies, records of previous employment, including work history, records from the U.S. Veterans' Administration, criminal information on file in local, state or federal agencies, worker's compensation records, motor vehicle records and license verifications.

I understand that these searches will be used to determine employment eligibility under the company's employment policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representative of the claims, losses, liabilities, costs, expenses or any other charges or complaint filed with any agency arising from retrieving or reporting this information. I understand this notice will apply to any future updated reports that may be requested and is valid for up to 1 year from the below date for hiring purposes. I understand that according to the Federal Fair Credit Act, I am entitled to receive upon written request, a disclosure of the background report conducted on me from NAAS and/or James Van Ella and Associates.

**NORTH AMERICAN AIRCRAFT SERVICES, INC.
APPLICATION FOR EMPLOYMENT**

Rev. 1-29-99 Page 4 of 7

I hereby voluntarily consent to: searches of my personal belongings that I may bring to the Company's property, to include my workspace, searches of my desk, locker, and vehicle or other storage areas. I understand that the Company's property or other work places, in its effort to eliminate alcohol and drug use as well as any illegal activity, at the Company's property or other work places, are subject to search. I consent to the release of information about items found during such searches to appropriate Company officials.

I understand that this consent is voluntary but that my refusal to sign this consent may subject me to disciplinary action, including denial or termination of employment with this company.

Printed Name

Signature

Date

Interviewed By

Date

HIRED

NOT HIRED

Responsible Manager

Date

DO NOT WRITE BELOW THIS LINE

Remarks

Q.C. Manager Only	Drug Test Results:	Drug Test and Start Date:
Neatness	Character	
Personality	Ability	

Hired	For Dept.	Position	Will Report	Salary/Wages

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

(I-A.) New Employer Name: North American Aircraft Services

Address: **11502 Jones Maltsberger**
San Antonio, TX. 78216

Phone #: 210-805-0049 Fax #: 210-499-0879

Designated Employer Representative: John D. Borjas

(I-B.) Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
2. Did the employee have verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A ___ YES ___ NO ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B. Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____ Date: _____

**DRUG & ALCOHOL TEST RESULTS, TREATMENT RECORDS
AND REFUSAL TO TEST HISTORY**

**RESPONSES TO QUESTIONS
REQUIRED BY 49 CFR PART 40.25**

Page 7 of 7

APPLICANT: Please circle yes or no on the side of this form in response to the following questions as required by 49 CFR Part 40.25. Have you in the last two years:

- 1. had any DOT required alcohol tests with a result of 0.04 or higher alcohol concentration?
yes no
- 2. had any verified positive DOT required drug tests?
yes no
- 3. refused to be tested (including having a verified adulterated or substituted sample)?
yes no
- 4. had any other violation of DOT agency drug or alcohol testing regulations?
yes no
- 5. if you violated a DOT drug and/or alcohol regulation did you successfully complete
DOT
return to duty requirements (including follow up tests)?
yes no

Please answer the following questions as required by 49 CFR Part 40.25 by circling yes or no at the side of the question.

In the past two years:

Were there any situations in which you tested positive on a pre-employment test for a DOT employer that did not hire you?
yes no

Were there any situations in which you refused to submit (including positives by adulteration or substitution) to a pre-employment test for a DOT employer that did not hire you?
yes no

I certify that my responses to the above questions are true:

Applicant's Signature: _____

Date signed _____