



EMPLOYMENT APPLICATION

Phone (920) 494-2669 Fax (920) 494-6666
1921 Airport Drive, Green Bay, WI 54313

PERSONAL INFORMATION				
Name (Last, First Middle)				Date
Address	City	State	Zip	Cell Phone: Home Phone: Work Phone:
Have you ever worked for Jet Air Group? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when _____				Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a criminal offense? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give details including offense and date.				
Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, after employment, submit verification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				Referred to Jet Air Group by _____

EMPLOYMENT INTEREST/SKILLS		
Position for which you are applying	Wage/Salary expected	Date available for work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>
Are there any hours or days you cannot work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____		
Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____		
*** SPECIALIZED SKILLS ***		
Typing (WPM)	Software experience	Other machines operated
Airframes in which you are knowledgeable – list airframe and # of years experience		
Other specialized skills or information pertinent to the job for which you are applying		

EDUCATION				
School	Name & Location	Last Grade/ Level Completed	Diploma/ Degree	Course/ Major
High School				
College, Business, Vocational or Other Training	-----	-----	-----	-----

MOTOR VEHICLE DRIVER APPLICANTS – Complete only if required by position			
Do you have or can you obtain a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of License	State	License Number
Has your driver's license ever been revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain: _____			
MOTOR VEHICLE DRIVING EXPERIENCE			
From (Mo/Yr) to (Mo/Yr)	Name & Address of Company		Type of Vehicle

EMPLOYMENT HISTORY					
Please list ALL JOBS, beginning with current or most recent employer. Account for ALL time periods, including unemployment, self-employment and U.S. Military Service. Please provide all the requested information for each job. If space is insufficient, attach a separate page.					
1. Employer Name & Address		Type of business	Dates of Employment		Salary
			Start	End	Start
Job Title	Duties and responsibilities	Reason for leaving or desire to leave	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Department			Phone number		
2. Employer Name & Address		Type of business	Dates of Employment		Salary
			Start	End	Start
Job Title	Duties and responsibilities	Reason for leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Department			Phone number		
3. Employer Name & Address		Type of business	Dates of Employment		Salary
			Start	End	Start
Job Title	Duties and responsibilities	Reason for leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Department			Phone number		
4. Employer Name & Address		Type of business	Dates of Employment		Salary
			Start	End	Start
Job Title	Duties and responsibilities	Reason for leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Department			Phone number		

REFERENCES – List below three professional references who can attest to your knowledge and abilities			
Name	Occupation	Years	Telephone

STATEMENT

I certify that the statements made in this application are true and correct and understand that falsification of such statements and information is grounds for immediate dismissal in accordance with Jet Air Group policy. In consideration of my employment, I agree to conform to the rules and regulation of Jet Air Group and realize that my employment and compensation can be terminated at any time, with or without notice, by the Company or myself. I understand that no Jet Air Group representative has the authority to enter into any other agreement with me for employment for any specified period of time or to make any agreement contrary to the foregoing statement. I understand that employment may be contingent upon passing a motor vehicles records check and a drug and alcohol test if included in the position requirements. I agree and authorize Jet Air Group to verify any statements made on this application, and I authorize all previous employers or other persons having knowledge of myself of my record to release such information to Jet Air Group. I hereby release those companies and persons and Jet Air Group from all claims or liabilities that may arise by such disclosures or such investigation.

Applicant Signature _____

Date _____



NOTICE TO APPLICANTS

Jet Air Group has a Drug Free Workplace Policy which strictly prohibits the use, purchase, sale or distribution of illegal drugs (meaning those drugs for which there is no generally accepted medical use, e.g., marijuana, cocaine, opiates, phencyclidine (PCP), amphetamines, or a metabolite of those drugs), drug paraphernalia, or use of alcohol by an employee in company vehicle, at a job site, on company property, without company approval, or during work hours.

A requirement for consideration of employment with Jet Air Group is the passing of a pre-employment test for the presence of illegal drugs. Any prospective employee who tests positive for the presence of illegal drugs will not be offered employment with the company.

Applicants who become employees of Jet Air Group will be required to comply with the company's Drug Free Workplace Policy which also includes random, reasonable cause and post-accident testing.

Applicant's Printed Name

Applicant's Home Phone Number

Applicant's Signature

Date