



EMPLOYMENT APPLICATION

(PRINT IN INK OR TYPE)

DATE: _____

IASCO is an Equal Employment Opportunity employer. Prospective employees will receive consideration without discrimination because of race, color, religion, sex, age, national origin, sexual orientation, handicap/disability or veteran status.

LAST NAME		FIRST			MIDDLE		
TELEPHONE NUMBER ()				ALTERNATE TELEPHONE (IF APPLICABLE) ()			
PRESENT ADDRESS	NO.	STREET	CITY	STATE	ZIP CODE	COUNTRY	
MAILING ADDRESS	NO.	STREET	CITY	STATE	ZIP CODE	COUNTRY	
SOCIAL SECURITY NO.		DRIVER'S LICENSE NO. & TYPE		STATE/COUNTRY		EXPIRES	

PROCEDURE FOR COMPLETING APPLICATION: ANSWER ALL QUESTIONS. IF QUESTION IS NOT APPLICABLE, PRINT "N/A" IN ENTRY. ALL INFORMATION GIVEN ON THIS APPLICATION WILL BE TREATED CONFIDENTIALLY.

POSITIONS APPLIED FOR (IN ORDER OF YOUR PREFERENCE)		MINIMUM SALARY REQUIRED		EARLIEST AVAILABILITY DATE	
FIRST: _____		\$ _____ PER _____		_____	
SECOND: _____		ARE YOU AVAILABLE FOR A SURETY BOND?			
THIRD: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO - EXPLAIN (ATTACH SUPPLEMENT SHEET)			
TYPE OF EMPLOYMENT DESIRED			WILL YOU WORK ROTATING SHIFTS INCLUDING NIGHTS AND WEEKENDS?		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO		
WILLING TO RELOCATE?					
<input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: _____					
ARE YOU A UNITED STATES CITIZEN, PERMANENT RESIDENT ALIEN, TEMPORARY RESIDENT ALIEN, REFUGEE OR ASYLEE?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU AWARE OF ANYTHING THAT COULD PREVENT YOU FROM PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT A REASONABLE ACCOMMODATION?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, PLEASE EXPLAIN AND DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED: (NOTE: WE COMPLY WITH THE AMERICANS WITH DISABILITIES ACT AND CONSIDER REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL FUNCTIONS)					
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR SERIOUS MISDEMEANOR)? (OMIT CONVICTIONS OCCURRING MORE THAN TWO (2) YEARS PRIOR TO THE DATE OF THIS APPLICATION FOR MARIJUANA RELATED OFFENSES. ALSO OMIT MINOR TRAFFIC VIOLATIONS THAT DID NOT RESULT IN THE SUSPENSION OR LIMITATION OF YOUR DRIVING PRIVILEGES.) <input type="checkbox"/> YES <input type="checkbox"/> NO					
(ATTACH SUMMARY SHEET DESCRIBING NATURE OF THE CRIME(S) WHEN AND WHERE CONVICTED AND DEPOSITION OF THE CASE(S). NOTE: NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF CONVICTION OF CRIMINAL OFFENSE. THE NATURE OF THE OFFENSE, THE DATE OF THE OFFENSE, THE SURROUNDING CIRCUMSTANCES AND THE RELEVANCE OF THE POSITION(S) APPLIED FOR, HOWEVER, MAY BE CONSIDERED.)					
LIST ALL RELATIVES EMPLOYED WITH OUR COMPANY.					
NAME	RELATIONSHIP	DEPARTMENT	POSITION		
HAVE YOU EVER BEEN EMPLOYED BY OUR COMPANY? <input type="checkbox"/> NO <input type="checkbox"/> YES - EMPLOYED FROM _____ TO _____					
POSITION	DEPARTMENT	IMMEDIATE SUPERVISOR			
LIST ANY ADDITIONAL INFORMATION REGARDING A CHANGE OF NAME, USE OF AN ASSUMED NAME, OR NICKNAME NECESSARY TO A REVIEW OF YOUR WORK AND EDUCATIONAL RECORD.					

EMPLOYMENT SUMMARY

LIST LAST FOUR EMPLOYERS, INCLUDING SUMMER AND PART-TIME POSITIONS WHILE IN SCHOOL. ATTACH SHEET IF NECESSARY.

PRESENT OR MOST RECENT EMPLOYER	NO.	STREET	CITY	STATE	ZIP	TELEPHONE NO. ()
FROM	TO	STARTING SALARY	-	FINAL SALARY	LAST SALARY INCREASE - DATE:	
(MO. & YR.)	(MO. & YR.)	\$ PER	\$	PER	AMOUNT: \$	PER
LAST POSITION (TITLE)	NO. YEARS	DEPARTMENT	SUPERVISOR		TITLE	TELEPHONE NO. ()
MOST IMPORTANT JOB RESPONSIBILITIES						
PREVIOUS POSITION (TITLE)	NO. YEARS	DEPARTMENT	SUPERVISOR		TITLE	TELEPHONE NO. ()
MOST IMPORTANT JOB RESPONSIBILITIES						
TERMINATION - TYPE AND ALL SPECIFIC REASONS FOR LEAVING, OR THINKING OF LEAVING (IF STILL EMPLOYED)						

PRESENT OR MOST RECENT EMPLOYER	NO.	STREET	CITY	STATE	ZIP	TELEPHONE NO. ()
FROM	TO	STARTING SALARY	-	FINAL SALARY	LAST SALARY INCREASE - DATE:	
(MO. & YR.)	(MO. & YR.)	\$ PER	\$	PER	AMOUNT: \$	PER
LAST POSITION (TITLE)	NO. YEARS	DEPARTMENT	SUPERVISOR		TITLE	TELEPHONE NO. ()
MOST IMPORTANT JOB RESPONSIBILITIES						
PREVIOUS POSITION (TITLE)	NO. YEARS	DEPARTMENT	SUPERVISOR		TITLE	TELEPHONE NO. ()
MOST IMPORTANT JOB RESPONSIBILITIES						
TERMINATION - TYPE AND ALL SPECIFIC REASONS FOR LEAVING						

PRESENT OR MOST RECENT EMPLOYER	NO.	STREET	CITY	STATE	ZIP	TELEPHONE NO. ()
FROM	TO	STARTING SALARY	-	FINAL SALARY	LAST SALARY INCREASE - DATE:	
(MO. & YR.)	(MO. & YR.)	\$ PER	\$	PER	AMOUNT: \$	PER
LAST POSITION (TITLE)	NO. YEARS	DEPARTMENT	SUPERVISOR		TITLE	TELEPHONE NO. ()
MOST IMPORTANT JOB RESPONSIBILITIES						
PREVIOUS POSITION (TITLE)	NO. YEARS	DEPARTMENT	SUPERVISOR		TITLE	TELEPHONE NO. ()
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PRESENT OR MOST RECENT EMPLOYER	NO.	STREET	CITY	STATE	ZIP	TELEPHONE NO. ()
FROM	TO	STARTING SALARY	-	FINAL SALARY	LAST SALARY INCREASE - DATE:	
(MO. & YR.)	(MO. & YR.)	\$ PER	\$	PER	AMOUNT: \$	PER
LAST POSITION (TITLE)	NO. YEARS	DEPARTMENT	SUPERVISOR		TITLE	TELEPHONE NO. ()
MOST IMPORTANT JOB RESPONSIBILITIES						
PREVIOUS POSITION (TITLE)	NO. YEARS	DEPARTMENT	SUPERVISOR		TITLE	TELEPHONE NO. ()
MOST IMPORTANT JOB RESPONSIBILITIES						
TERMINATION - TYPE AND ALL SPECIFIC REASONS FOR LEAVING						

UNEMPLOYMENT INTERVALS (BEGIN WITH MOST RECENT)

FROM	TO	EXPLANATION
(MO. & YR.)	(MO. & YR.)	
FROM	TO	EXPLANATION
(MO. & YR.)	(MO. & YR.)	
FROM	TO	EXPLANATION
(MO. & YR.)	(MO. & YR.)	
FROM	TO	EXPLANATION
(MO. & YR.)	(MO. & YR.)	

EDUCATION/TRAINING

LIST ALL SCHOOLS ATTENDED	NAME AND ADDRESS OF SCHOOL	NO. YEARS ATTENDED	GRADUATED (YES OR NO)	DEGREE/DIPLOMA RECEIVED	MAJOR COURSE
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
GRADUATE SCHOOL					
BUSINESS, TECHNICAL OR OTHER SCHOOLS					

IF YOU ATTENDED COLLEGE BUT DID NOT GRADUATE, HOW MANY UNITS ARE NEEDED TO FULFILL YOUR DEGREE REQUIREMENTS?

NEED _____ ADDITIONAL UNITS FOR A _____ DEGREE IN _____

ARE YOU PRESENTLY ATTENDING SCHOOL?

NO YES – SCHOOL AND COURSES:

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, EDUCATION, QUALIFICATIONS OR SKILLS THAT WOULD QUALIFY YOU FOR THE POSITION(S) APPLIED FOR?

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS RECEIVED, OR SPECIAL ACHIEVEMENTS:

LIST LANGUAGES WHICH YOU **SPEAK** PROFICIENTLY:

LIST LANGUAGES WHICH YOU **READ** PROFICIENTLY:

MILITARY RECORD (IF APPLICABLE)

BRANCH OF SERVICE	FROM TO (MO. & YR.) (MO. & YR.)	LAST TITLE OR SPECIALTY (MOS.)	RANK AT DISCHARGE
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MOST IMPORTANT RESPONSIBILITIES AND JOB ASSIGNMENTS.

DESCRIBE ANY SPECIAL SKILLS OR ABILITIES OBTAINED AS A RESULT OF SERVICE IN THE MILITARY.

RESERVE STATUS

BIOGRAPHICAL

YOU MAY BE ASKED TO WORK OVERTIME FOR THIS POSITION. ARE YOU ABLE TO DO SO? YES NO

HAVE YOU ESTABLISHED ANY CAREER GOALS? PLEASE EXPLAIN:

BRIEFLY STATE WHY YOU ARE APPLYING FOR EMPLOYMENT WITH IASCO.

WHAT HAVE YOU ENJOYED MOST IN THE JOBS YOU'VE HELD?

WHAT HAVE YOU DISLIKED MOST IN THE JOBS YOU'VE HELD?

LIST ANY OTHER INFORMATION YOU MAY DESIRE TO RELATE WHICH YOU FEEL MAKES YOU ESPECIALLY SUITED FOR WORK AT IASCO.

MECHANIC/PROFESSIONAL SKILLS (IF APPLICABLE)

ARE YOU LICENSED/CERTIFIED FOR THE POSITION(S) APPLIED FOR? YES NO

NAME(S) OF LICENSE/CERTIFICATION(S):

LICENSE/CERTIFICATION NUMBER:

HAS YOUR LICENSE/CERTIFICATION EVER BEEN REVOKED OR SUSPENDED? YES NO

IF YES, STATE REASON(S), DATE OF REVOCATION OR SUSPENSION AND DATE OF REINSTATEMENT:

CLERICAL SKILLS (IF APPLICABLE)

- TYPING _____ WPM ADDING MACHINE (10 KEY) OTHER CLERICAL SKILLS, ABILITIES AND EQUIPMENT OPERATED. PLEASE LIST.
- COMPUTER LITERACY
- PLATFORMS: PC MACINTOSH
- SOFTWARE PROGRAMS _____

DISPATCHER APPLICANT (ONLY)

FAA DISPATCHER CERTIFICATE NO.

DATE OF ORIGINAL ISSUANCE

MOS. EXPERIENCE

TYPE(S) AIRCRAFT

PILOT APPLICANTS: PLEASE COMPLETE "FLIGHT EXPERIENCE" FORM

APPLICANT'S STATEMENTS

(READ VERY CAREFULLY, INITIAL EACH PARAGRAPH AFTER READING AND SIGN WHERE INDICATED.)

1. _____
(Initial) I understand if I am accepted for employment by IASCO, such employment may be subject to the completion of a Company-administered medical examination and/or medical questionnaire, I further understand that if such medical examination or questionnaire discloses a medical condition which would impair my ability to perform the essential duties of the position for which I am applying with reasonable accommodation, any offer of employment will be withdrawn and my employment will terminate.
2. _____
(Initial) **I understand that I must submit to, and pass, a drug test as a condition of employment.**
3. _____
(Initial) Any acceptance of employment or appointment shall be predicated upon the truthfulness of the statements I have made contained within this application and any supplements required. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. In either event, IASCO will not be held accountable for such actions. I understand that if I am hired that I will provide IASCO, within 3 days of starting work, documents sufficient to verify my identify and authorization to work for completing an "I-9" form. I also understand that if I am hired I may be required to supply a copy of a current DMV driving record printout.
4. _____
(Initial) I hereby authorize IASCO to thoroughly investigate this application and any supplements, my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to IASCO any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release IASCO, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. You may contact my current employer. YES NO
5. _____
(Initial) I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create a contract of continued employment between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time with or without cause, with or without prior notice, at the option of either myself or the company. No promises or representations, such as flight crew employment contracts, contrary to the foregoing are binding on the company unless made in writing and signed by me and IASCO's designed representative.
6. _____
(Initial) I UNDERSTAND THAT MY APPLICATION FOR EMPLOYMENT WILL BE PLACED IN AN ACTIVE STATUS FOR A PERIOD OF SIX MONTHS DURING WHICH TIME IT WILL BE REVIEWED AS JOB OPENINGS OCCUR IN MY AREA(S) OF JOB INTEREST. I also understand that should I wish to continue to be considered for job openings beyond the six-month period, I must re-apply by submitting a new application for employment.

DATE OF SIGNATURE _____ SIGNATURE (IN INK) _____

We appreciate your interest in IASCO and the time you have taken to prepare this application.