



EMPLOYMENT APPLICATION

You must answer every question. If any question does not apply to you, answer it with Not Applicable (NA).

In compliance with local, state, and federal equal employment opportunity laws, qualified applicants are considered for all positions without regard to age, race, color, sex, sexual orientation, marital status, veteran status, or non-job related disability. Please advise in advance if you need any type of accommodation to complete this application form or any pre-employment test.

PERSONAL	Last Name		First	Middle	Preferred Telephone Number		Email Address	
	Present Address- Street			City, State		Zip Code	Years at Address	Landlord Telephone (if applicable)
	Previous Address- Street			City, State		Zip Code	Years at Address	Landlord Telephone (if applicable)
	Position(s) Applied For:		Wage Range Desired:		Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>		Eligible to Work in United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Have you previously been employed by PJ? Yes <input type="checkbox"/> No <input type="checkbox"/>				If referred, list person's name and relationship:			
	Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>		May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you ever been fired or asked to resign by an employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

EDUCATION	Schools Attended (College, Trade or Vocational School)	Dates Attended From	To	Major	Type of Degree	Grade Average Overall	Major	Date of Graduation (Mo/Yr)
	Please circle highest grade completed:		High School 1 2 3 4		College 1 2 3 4			

DRIVING RECORD	Driver License Number		State	Expiration Date	Class	Endorsements		
	Accident record for past 3 years or more (<i>attach sheet if more space is needed</i>)							
	Date	Nature of Accident			Fatalities	Injuries		
	Traffic convictions and license forfeitures for the last 3 years (<i>other than parking violations</i>)							
Date	Location			Charge	Penalty			
Have you ever been denied a license, permit or privileges to operate a motor vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> Please give details:				Has any license, permit, or privilege ever been suspend or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> Please give details:				

EXPERIENCE	List any training classes, licenses, and I or certifications that may be beneficial in the job for which you are applying. (Boom or Crane Certification, Lineman Training, Electrician License, H2S Training) Include expiration dates on all licenses:	
	Safety awards held:	List special equipment or technical materials you can work with:
	If not covered elsewhere on this application, please list any additional skills, abilities, or experience relevant to the position applied for:	

A total of 5 years work history (if applicable) is required if applying for an FAA/DOT regulated position. All gaps in time must be shown. Use extra page if necessary.

EMPLOYMENT RECORD	1. Present (or most recent) Company Name			Address	City, State	Phone
	Start Date:	End Date:	Reason for leaving:			
	Job Title		Supervisor			
	Brief description of duties (include number of persons supervised, if applicable)			Were you subject to FAA/DOT Drug & Alcohol testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to FAA/DOT or other regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
	2. Company Name			Address	City, State	Phone
	Start Date:	End Date:	Reason for leaving:			
	Job Title		Supervisor:			
	Brief description of duties (include number of persons supervised, if applicable)			Were you subject to FAA/DOT Drug & Alcohol testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to FAA/DOT or other regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>
	3. Company Name			Address	City, State	Phone
	Start Date:	End Date:	Reason for leaving:			
	Job Title:		Supervisor:			
	Brief description of duties (include number of persons supervised, if applicable)			Were you subject to FAA/DOT Drug & Alcohol testing? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you subject to FAA/DOT or other regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>

****If applying for a pilot position, application must include an additional pilot resume indicating possession of a CURRENT Class I or II Medical, Commercial or ATP Pilot's License with Rotorcraft Rating, and at least 1,000 hours of Pilot-In-Command Helicopter Time. Resume must also include a detailed breakdown of logged flight hours in the make and model of each aircraft listed.***

APPLICANT'S STATEMENT

In connection with my application to the company, I understand that the Fair Credit Reporting Act, Public Law 91-509 & 104-208, requires that I be advised that routine inquiry may be made during the company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that investigative background inquiries as required by the FAA / DOT / Federal Motor Carrier Safety Regulations 391.23 may be made on me including previous employers, along with schools, consumer credit, criminal convictions, motor vehicle records, and other reports.

These reports will include information as to my character, work, habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the aforementioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original fax, email, or other electronic or copy form.

I release and agree to hold harmless any individual, company, business institution, or government agency from all liability with regard to furnishing information to this company. I agree to release and hold harmless this company from all liability with respect to the receipt of such information.

I certify that this application was only completed by me, and that all entries on it and the information I have furnished on this application form is true and complete. I authorize you to make investigations and inquiries of my personal, employment, financial, or medical history. General inquiries regarding medical history will be made only if a conditional offer of employment has been extended. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand false or misleading information given in my application or in interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Company if a conditional offer of employment is made.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investing my safety performance history as required by 49CFR 391.23. I understand that pursuant to 49CFR 391.23 I have a right to: Review information provided by current previous employers; have errors in the information corrected by previous employers and those previous employers to resent the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

SIGNATURE OF APPLICANT _____

DATE _____