



# EMPLOYMENT APPLICATION

**APPLICANT:** Million Air Dallas (the "Company") is an equal opportunity employer and will consider your application regardless of race, color, religion, sex, national origin, age, marital, veteran status, medical condition or disability; or any other legally protected status. This application will be given every consideration but its receipt does not imply that the applicant will be employed. This application will remain active for six (6) months. If an applicant wishes to be considered for an available position following that time, a new application may be required. Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

FULL Name: _____	Mobile / Home Phone:(____) _____
Present Address: _____	City _____ State _____ Zip _____
Email Address: _____	

- Are you at least 18 years of age or older (if no, you may be required to provide authorization to work)? Yes  No
- Are you eligible to work in the U.S? Yes  No
- Have you ever been terminated from employment or asked to resign by an employer? Yes  No
- If yes, please provide company names & details \_\_\_\_\_
- Can you work any shift? Yes  No
- Can you work overtime, (including weekends)? Yes  No
- Have you ever been employed with Million Air before? Yes  No
- If your answer to either of the above question is Yes, state when and which location you worked \_\_\_\_\_
- Are you currently employed? Yes  No  If Yes, may we contact your present employer? Yes  No
- Do you know anyone who works for our company? Yes  No  If yes, who \_\_\_\_\_
- How did you learn of our company and/or position?  Ad  Friend  Relative  Inquiry  Other \_\_\_\_\_

## EMPLOYMENT DESIRED

Date you can start? \_\_\_\_\_ Hourly rate / Salary Desired \$ \_\_\_\_\_

Position desired \_\_\_\_\_

- Are you able to perform the essential requirements of the job for which you are applying, (with or without reasonable accommodations)? Yes  No
- Are you seeking  full-time  part-time  temporary  seasonal employment?
- Are you now or do you expect to be engaged in any other business or employment? Yes  No

## EDUCATION

Name & Location of school	No. Yrs. Attended	Degree received	Subjects/Major
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\*HIGH SCHOOL \_\_\_\_\_

\*COLLEGE/UNIVERSITY \_\_\_\_\_

\*TRADE/BUSINESS  
or CORRESPONDENCE \_\_\_\_\_

# EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment (*starting with the most recent*).

<p><b>DATES:</b> From (mo/yr): _____ To (mo/yr): _____</p> <p>Name of employer: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone #: (____) _____</p> <p>Nature of business: _____ Immediate supervisor name / title: _____</p> <p>Job title: _____ Job duties: _____</p> <p>REASON FOR LEAVING? _____</p>	<p>***** FOR OFFICE USE ONLY *****</p> <p>DATE verified: _____</p> <p>NAME of person contacted: _____</p> <p>TITLE of person contacted: _____</p> <p>Method of verification: _____</p> <p>Verified by: _____</p>
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**DATES:** From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_

Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Nature of business: \_\_\_\_\_ Immediate supervisor name / title \_\_\_\_\_

Job title: \_\_\_\_\_ Job duties: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

DATE verified: \_\_\_\_\_

NAME of person contacted: \_\_\_\_\_

TITLE of person contacted: \_\_\_\_\_

Method of verification: \_\_\_\_\_

Verified by: \_\_\_\_\_

**DATES:** From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_

Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Nature of business: \_\_\_\_\_ Immediate supervisor name / title \_\_\_\_\_

Job title: \_\_\_\_\_ Job duties: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

DATE verified: \_\_\_\_\_

NAME of person contacted: \_\_\_\_\_

TITLE of person contacted: \_\_\_\_\_

Method of verification: \_\_\_\_\_

Verified by: \_\_\_\_\_

Do you have any special skills, experience and / or training that would enhance your ability to perform the position applied for? If yes, explain \_\_\_\_\_

Computer skills? (please describe) \_\_\_\_\_

**REFERENCES:** Give the names of three people, not related to you, whom you have known at least 3 years.

Name	Address, phone, email	Company	Years Acquainted

**Please read carefully Before signing:**

Million Air Dallas is an equal opportunity employer. Million Air Dallas does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

**AFFIDAVIT** (please read thoroughly before signing):

- I hereby certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during interviews may be grounds for my immediate discharge.
- I understand a criminal history background check requiring fingerprinting may be necessary for employment. In addition, I understand a motor vehicle driving record check may be required. I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment, educational history, driving record, character and qualifications, and I give my full and complete consent to their revealing any and all information they wish as a result of these investigations. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.
- I understand that any offer of employment is contingent on the results of a pre-employment drug test. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests will be grounds for immediate termination. I also understand that if my position is covered by 49 CFR Part 40 and 14 CFR Part 121 Appendix I, and I will be pre-employment drug tested for marijuana, cocaine, PCP, opiate, and amphetamines.
- I agree that, if I am employed, I will abide by all the rules and regulations of the Company. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by the Company at any time for any reason or no reason at all, with or without prior notice.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED / DATED ABOVE



**AUTHORIZATION FOR EMPLOYMENT CHECKS**

Only performed if employment offer is given

I, \_\_\_\_\_, am an employee or have applied to become an employee of  
(PRINT first, middle and last NAME)

Million Air Dallas. I give Million Air permission to request information regarding previous employment and educational history listed on my application in order to verify background information that I have provided. I hereby authorize Million Air to contact any company or individual it deems appropriate to investigate my employment, educational history, character and qualifications, and I give my full and complete consent to their revealing any and all information they wish as a result of these investigations. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

Also, I authorize Million Air, or other agency acting on its' behalf, to obtain a copy of my driving record as furnished by the Driver's License Division and Department of Motor Vehicles. I further authorize the Department of Highway Safety and Motor Vehicles and the National Driver Register (NDR) to furnish a one-time file search for information pertaining to my driving record to Million Air. I understand that the NDR identifies probable matches that require further inquiry for verification; that it is recommended, but not required, that the prospective employer verify matches with the State of record; and that I have the right to request my record from NDR to verify their accuracy.

Social Security #: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Currently Valid? Yes  No   
Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE