



APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address			SOCIAL SECURITY NUMBER
Other Telephone			

POSITION

Position Or Type of Employment Desired	
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?	YES NO
If applying for a FAA/DOT maintenance or inspection position, the attached "Prior Drug Testing" form MUST be filled out. See Page 3 & 4	Date Available for Hire

EDUCATION AND TRAINING

High School Graduate or General Education (GED) Test Passed?	If not, list the highest grade completed.		
High School, College, Military (Most recent first)			
Name and Location	Dates Attended Month/Year	Graduate Yes/No	Year
	From		
	To		
	From		
	To		
	From		
	To		
Occupational License, Certificate or Registration Number	Where Issued	Expiration Date	
Languages Read, Written or Spoken Fluently Other Than English			

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)



WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone	FROM
Address		TO
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties (Maximum 1000 characters)		Supervisor
Reason For Leaving		May We Contact This Employer? YES NO
Employer	Telephone	FROM
Address		TO
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties (Maximum 1000 characters)		Supervisor
Reason For Leaving		May We Contact This Employer? YES NO
Employer	Telephone	FROM
Address		TO
Job Title	Number Employees Supervised	Hours Per Week
Specific Duties (Maximum 1000 characters)		Supervisor
Reason For Leaving		May We Contact This Employer? YES NO

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

Interviewer's Comments:

Are you legally entitled to work in the U.S.?	YES	NO
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Please fill out the attached document if **applying for a Maintenance position.**

¹ A safety-sensitive function, as described in 14 CFR part 120, §§ 120.105 and 120.215, includes a flight crewmember, flight attendant, flight instructor, aircraft dispatcher, **aircraft maintenance or preventive maintenance**, ground security coordinator, aviation screener, and air traffic controller.

NAME		DATE	
<p>CFR Title 49: Transportation. Part 40: Procedures for Transportation Workplace Drug and Alcohol Testing programs.</p> <p>I understand and acknowledge that I will be required to undergo a DOT/FAA pre-employment drug test for the following substances prior to being hired or transferred into a Department of Transportation (DOT) safety-sensitive position as defined in 14 CFR part 120¹:</p>			
<ul style="list-style-type: none"> <input type="checkbox"/> Marijuana <input type="checkbox"/> Hydrocodone <input type="checkbox"/> Hydromorphone <input type="checkbox"/> Oxymorphone <input type="checkbox"/> Oxycodone 	<ul style="list-style-type: none"> <input type="checkbox"/> Cocaine <input type="checkbox"/> Opiates <input type="checkbox"/> Phencyclidine (PCP) <input type="checkbox"/> Amphetamines 	<p>For more information refer to: https://www.transportation.gov/odapc/part40</p>	
<p>Have you ever been drug tested by a previous employer?</p>			
NO	YES		
<p>Was that employer under DOT CFR Title 49 (FMCSA, FRA, FAA, FTA, PHMSA or USCG)?</p>			
NO	YES	<p>If YES, please provide the name</p>	
<p>Company Name:</p>			
<p>Have you ever tested positive, or refused to test on any pre-employment or random drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years?</p>			
NO	YES	<p>If YES, see below</p>	
<p>If you answered YES, you have had a positive test or a refusal to test, A&R Aviation Services cannot utilize you to perform safety-sensitive functions, until and unless, you provide certified documents of a successful completion of the "Return-to-Duty" process (see CRF Title Part 49, Subpart B, 40.25 Paragraphs (b)(5) and (e).</p>			
SIGNATURE		DATE	

If you have any questions, please contact Sarah Shaw at sarahs@aravservices.com or 360-236-9928 x 103



Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing

Employee Name		Employee SSN	
<p>I hereby authorize the 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:</p> <ul style="list-style-type: none"> A. Alcohol tests with a result of 0.04 or higher B. Verified positive drug test. C. Refusals to be tested. D. Other violations of DOT agency drug and alcohol testing regulations E. Information obtained from previous employers of a drug and alcohol rule violation. F. Documentation, if any, of completion of the return-to-duty process following a rule violation 			
Employee Signature		Date	

Section I-A

New Employer	A&R Aviation Services, Inc				
Address	7915 Old Highway 99				
City	Tumwater	ST	WA	Zip	98501
Phone #	360-236-9928 x 103	FAX #	360-236-9929		
Employee Representative	Sarah Shaw sarahs@aravservices.com				

Section I-B

Previous Employer					
Address					
City		ST		Zip	
Phone #		FAX #			
Employee Representative					

Section II-

To be completed by the previous employer and transmitted by mail or fax to the new employer:						
II-A In the three years prior to the date of the employee's signature (In Section I), for DOT-regulated testing:						
				NO	YES	
1.	Did the employee have alcohol tests with results of 0.04 or higher?					
2.	Did the employee have verified positive drug tests?					
3.	Did the employee refuse to be tested?					
4.	Did the employee have other violations of DOT agency drug and alcohol testing regulations?					
5.	Did a previous employer report a drug and alcohol rule violation to you?					
6.	If you answered "Yes" to any of the above items, did the employee complete the return-to-duty process?					
<p>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 reports, follow up testing record).</p>						
II-B						
Name of the Person providing information in Section II-A:			Title			
Wet Signature		Phone #		Date:		