



**We Are An Equal Opportunity Employer**

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## APPLICATION FOR EMPLOYMENT

Augusta Air Associates is an equal opportunity employer and welcomes applications from any race, color, sex, age, religion, creed, national origin, or individuals with disabilities.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. In the event employment is not offered, this application will be retained on active file for a period of thirty (30) days. Re-application will be required should you desire continued consideration for employment. Please print plainly. Use ink only. Complete all sections.

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### A. PERSONAL

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Present Address \_\_\_\_\_  
Street City State Zip

How long have you lived at the above address? \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Previous address \_\_\_\_\_  
Street City State Zip

How long did you live there? \_\_\_\_\_

Have you ever worked for Augusta Air Associates before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Can you submit documentation verifying your legal right to work in the US?  Yes  No

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### B. VOCATIONAL

Position(s) applied for: 1. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_  
2. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

Do you want to work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

If Part Time, specify days and hours \_\_\_\_\_

If hired, what date will you be available to start work? \_\_\_\_\_

Based upon the job description furnished to you, orally or in writing, can you perform the essential functions of the job you are applying for with or without an accommodation?  Yes  No

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### C. EDUCATIONAL BACKGROUND

(Select from the drop-down list below)

Elementary

Middle

High

College

Name and Address of Last School Attended \_\_\_\_\_  
\_\_\_\_\_

College: Name and Location of School \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

Date of Graduation (College Only) \_\_\_\_\_

Subjects Studied \_\_\_\_\_

Did you ever use another name? If so, please state name and dates used \_\_\_\_\_

Do you have any Technical Training? \_\_\_\_\_

What? \_\_\_\_\_

Where? \_\_\_\_\_

When? \_\_\_\_\_

Do you have any Special Skills or Honors? \_\_\_\_\_

What? \_\_\_\_\_

Where? \_\_\_\_\_

When? \_\_\_\_\_

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### D. MILITARY SERVICE

Have you ever served in the Armed Forces of the United States?  Yes  No

If yes, what Branch? \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Dates of Duty \_\_\_\_\_

List duties in service, including special training related to the job for which you have applied \_\_\_\_\_

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### E. PERSONAL REFERENCES

**REFERENCES:** LIST BELOW THE NAME OF FOUR PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name	Address	Occupation	Years Known

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## F. EMPLOYEE EXPERIENCE

### PREVIOUS EMPLOYMENT

**LIST BELOW YOUR LAST FOUR EMPLOYERS - STARTING WITH LAST ONE FIRST**

<b>DATE</b>	<b>NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER</b>	<b>SALARY</b>	<b>POSITION</b>	<b>REASON FOR LEAVING</b>
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

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## G. COMPLETE IF YOU HAVE EVER BEEN CONVICTED OF A FELONY

Have you ever been convicted or pled guilty or no contest to a felony charge?  Yes  No

If yes, please state the nature of the offense, when the offense occurred, and whether or not you participated in a rehabilitation program \_\_\_\_\_

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## H. LIST YOUR DRIVING RECORD. DESCRIBE FULLY! LIST ANY TICKETS!

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**Note:** You will not be automatically disqualified by a prior felony conviction. You will be disqualified if a background check divulges information that you fail to disclose.

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# I. APPLICANT'S STATEMENT OF AGREEMENT

(PLEASE READ CAREFULLY)

1. I authorize investigation of all statements contained in this application (and Driver Application if completed). I hereby release from all liability or responsibility all persons, companies, or corporations furnishing information about me in connection with my application for employment. I understand that, if employed, misrepresentation or omissions on this application shall be considered cause to remove me from consideration for employment and cause for dismissal if discovered after I am employed.
2. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I understand that my employment is not subject to an employment contract, and no oral promise or business practice, including employee policies and handbook are intended to constitute an employment contract.
3. I understand that I may be given a conditional offer of employment and may be required to complete a Post Job Offer Medical History Questionnaire and undergo a medical examination. All employees entering the same job category will be subject to the same medical questionnaire and examination. I understand that all information relating to my medical history and examination will be maintained on a confidential basis in separate files.
4. In the event of my employment to a position in the company, I will comply with all rules and regulations as set forth by the company. I understand that the company's rules and regulations and the terms and conditions of my employment may be modified at the sole discretion of the company.
5. I understand that Augusta Air Associates maintains a Drug Free Workplace program under Georgia Law, and that the use of drugs and alcohol is strictly prohibited at the company. Anyone who transports or allows to be transported any narcotic or non-prescribed drug or who is found under the influence of narcotics, intoxicants, alcohol or non-prescribed drugs will be terminated at once. I understand that if the company has a reasonable suspicion to believe that I am under the influence of an alcoholic beverage or narcotics and /or non-prescribed drug or if I am involved in an accident that I will be required to take a physical examination and/or drug test (blood or urinalysis) to be performed by a duly licensed medical doctor. I also understand and agree that refusal to take such a test will result in immediate termination.
6. I understand that smoking is prohibited in company owned vehicles and buildings.

I have read in full and understand and agree to the above statements and conditions of employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Date of Application

## OFFICE USE ONLY:

Interviewed by: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Action taken: \_\_\_\_\_