

KAISERAIR Application for Employment

P.O. Box 2626, Airport Station, Oakland, CA 94614

(Page 1)

We do not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability status, protected veteran status, or any other characteristic protected by law. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature(s). In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Position Applied For: _____

Today's Date: _____ Available Start Date: _____

Are you seeking: Full Time Part Time Temporary Internship

What days and hours are you available to work? _____

Are you available for work on weekends? _____

PERSONAL INFORMATION

Last Name First Name Middle Name

Present Street Address City

State Zip Code ()
Contact Telephone Number

Social Security Number _____ - _____ - _____

Email Address _____

Are you 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age)

If hired, can you furnish proof that you are eligible to work in the U.S.? Yes No

Have you ever applied/been employed at KaiserAir before? Yes No

If "Yes", when _____

Are you now or do you expect to be engaged in any other business or employment simultaneous with KaiserAir? Yes No If "Yes", please explain _____

Do you have a valid driver's license? Yes No

Driver's license number and expiration date: _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If "Yes", give details _____

Do you have any friends and/or relatives working for KaiserAir? Yes No

If "Yes", give name(s) and relationship _____

KAISERAIR Application for Employment

(Page 2)

Are you presently employed? Yes No

If "Yes", may we contact your present employer? Yes No

Have you ever been fired from a job or asked to resign? Yes No

If "Yes", please explain _____

EDUCATION

List Name and Address of Schools	Number of Years Completed	Diploma/Degree/Certificate	Subjects Studied
_____	_____	_____	_____
High School or GED			
_____	_____	_____	_____
College or University			
_____	_____	_____	_____
Vocational or Technical			

List any skills, training and equipment knowledge that relate to the job for which you are applying:

U.S. MILITARY SERVICE

Entry Date: _____ Discharge Date: _____

Branch of Service: _____ Rank: _____

Type of Discharge: _____

EXPERIENCE/REFERENCES

List names of employers in consecutive order, most recent employer first. If self-employed, please give firm name and supply business references.

_____ Name of Employer _____ Job Title(s) and Duties

Date of Employment: From _____ to _____ Reason for Leaving

_____ Address _____ City _____ State _____ Zip Code

Supervisor Name _____ Description of Major Duties and Responsibilities

Supervisor's Phone Number _____

KAISERAIR Application for Employment

(Page 3)

_____ Name of Employer		_____ Job Title(s) and Duties	
Date of Employment: From _____ to _____		_____ Reason for Leaving	
_____ Address	_____ City	_____ State	_____ Zip Code
_____ Supervisor Name		_____ Description of Major Duties and Responsibilities	
_____ Supervisor's Phone Number			

_____ Name of Employer		_____ Job Title(s) and Duties	
Date of Employment: From _____ to _____		_____ Reason for Leaving	
_____ Address	_____ City	_____ State	_____ Zip Code
_____ Supervisor Name		_____ Description of Major Duties and Responsibilities	
_____ Supervisor's Phone Number			

(If necessary continue on a separate sheet)

REFERENCES

List below two (2) persons not related to you who have knowledge of your work performance within the last three years:

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____

PHYSICAL DATA

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, explain fully any defects or disabilities and the degree to which they affect your work:

KAISERAIR
Application for Employment

(Page 4)

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history.

I hereby authorize the Company to thoroughly investigate 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 the Company 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 the Company, 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.

I understand that I may be required to successfully pass a physical examination and/or drug-screening examination, and hereby consent to a pre-and/or post-employment physical examination and/or drug screen as a condition of being hired or of my continued employment, if required.

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 an employment contract 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 prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

SIGNATURE

DATE



KAISER AIR Application for Employment

APPLICATION SUPPLEMENT

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

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 _____

Please Read Carefully, Initial Each Paragraph and Sign Below:

Initials 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 omissions or misstatements 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.

Initials I hereby authorize the company to thoroughly investigate 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 the company 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 the company, 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.

Initials I hereby acknowledge that this is a drug free workplace and, that all applicants and employees are subject to substance abuse testing as a condition of hiring and continued employment. This is for all safety sensitive employees covered under the FAA Regulation 14 CFR Parts 121, 135 and 49 CFR Part 40. Drugs tested for: marijuana, Cocaine, PCP, Opioids, Ecstasy and Amphetamines.

Initials I **HAVE** **HAVE NOT** tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which I applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

Initials I understand that nothing contained in the application or conveyed during any interview which may be granted during my employment, if hired, is intended to create an employment contract 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 prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant's Signature / / Date

Printed Name

INTENTIONALLY LEFT BLANK

VOLUNTARY SELF-IDENTIFICATION

For statistical reporting we ask that you voluntarily provide the information below.

This voluntary survey assists us in complying with government recordkeeping, reporting, and other legal requirements. Government agencies require periodic reports on the sex and race of employees, under certain circumstances. We make periodic reports to the federal government regarding the data below. Your completion of this Voluntary Survey is optional. If you choose to volunteer the requested information, please note that this form is kept in a Confidential File and is not a part of your personnel file.

YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Name: _____ Date: _____

Address: _____

City: _____ State _____ Zip: _____

Job Title: _____

Check one: Male Female

Check one of the following:

- Hispanic or Latino **OR**
- Black or African American (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- White (not Hispanic or Latino)
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)

Check all, if applicable (Veteran Status):

NEWLY SEPARATED VETERAN Yes No

Any veteran during the three-year (one-year for VETS 100) period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Separation Date: ___/___/___

VOLUNTARY SELF-IDENTIFICATION

VETERAN OF THE VIETNAM ERA Yes No

A person who served on active duty for a period of more than 180 days, and as discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred (i) in the Republic of Vietnam between February 29, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases.

ARMED FORCES SERVICE MEDAL VETERAN Yes No

Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which and Armed Forces service medal was awarded pursuant to Executive Order 12985.

OTHER PROTECTED VETERAN Yes No

A person who served on active duty during a war or in a campaign or expedition for which a campaign badge is authorized by the Department of Defense or who participated in a U.S. Military operation pursuant to Executive Order 12985.

DISABLED VETERAN Yes No

- 1) A Veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or
- 2) A person who was discharged or released from active duty because of a service-connected disability.

SPECIAL DISABLED VETERAN Yes No

(A) A person who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 3106 of Title 38, U.S.C. to have a serious employment handicap, or (B) a person who was discharged or released from active duty because of a service-connected disability.

Describe any accommodation(s), if needed to perform your job (use separate sheet if necessary):

VOLUNTARY SELF-IDENTIFICATION

Affirmative Action Race/Ethnicity Definitions

American Indian or Alaskan Native: A person with origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.

Asian: A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, Japan, Korea, the Philippine Islands, Malaysia, Pakistan, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black/African-American: A person, not of Hispanic origin, with origins in any of the black racial groups of Africa.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Two or More Races (Not Hispanic or Latino): A person who identifies with more than one of the above five races.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY**Voluntary Self-Identification of Disability**

Form CC-305
 OMB Control Number 1250-0005
 Expires 1/31/2020
 Page 10 of 12

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

 Your Name

 Today's Date

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY**Voluntary Self-Identification of Disability**

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 12

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete
