

If you did not receive a high school diploma, did you receive any of the following: (please check appropriate box)

GED Certificate Date certificate received _____ At what testing center? _____

Certificate of Attendance

EMPLOYMENT HISTORY: (Start with your present or last job. Additional information may be provided in an attached resume.)

Employer	Dates Employed		Work Performed
	From	To	
Address	Rates of Pay		
	Starting	Final	
Telephone #			
Job Title Supervisor			
Reason for leaving			
May we contact this employer?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Dates Employed		Work Performed
	From	To	
Address	Rates of Pay		
	Starting	Final	
Telephone #			
Job Title Supervisor			
Reason for leaving			
May we contact this employer?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer	Dates Employed		Work Performed
	From	To	
Address	Rates of Pay		
	Starting	Final	
Telephone #			
Job Title Supervisor			
Reason for leaving			
May we contact this employer?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Will you work?

Weekends/Holidays Shift Work Evening Work Days Overtime
Yes No Yes No Yes No Yes No Yes No

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

Are you willing to travel and participate in training? Yes No

Can you operate a forklift, crane or other material handling equipment? Yes No

If applicable for position, are you able to lift: ___ 25 lbs. ___ 50 lbs. ___ 75 lbs. ___ 100 lbs.

Are you able to stand for long periods of time? Yes No

Are you legally eligible to work in the United States? Yes No *(Proof of eligibility required upon employment)*

Are you over the age of 18 years? Yes No *(If no, you may be required to provide authorization)*

Have you ever been convicted of a felony or misdemeanor? Yes No *(A conviction will not necessarily disqualify an applicant from employment.)* If yes, please explain.

List any skills, knowledge, experience, or other relevant qualifications (i.e. computer skills, certificates, financial, security, light/heavy equip., welding, etc.):

Military Service? Yes No Years of Service: _____

Branch of Service: Army Air Force Marines Navy Coast Guard

Areas of Overseas Duty: Middle East Asia Africa Europe Other: _____

Weapons Systems Support: Aviation: _____

Ground Vehicles: _____ Vessels: _____

Other Areas of Experience: Warehousing Material Handling Production Control

Quality/Tech Inspector Machinist Welder Cable Tech/Fabricator Calibration Tech

Supervisor Experience? Yes No Number of years: _____

If yes: Highest Number of Personnel Supervised 5-10 11-20 21-50

REFERENCES

(Please list three persons who are not related to you. Additional references may be requested.)

Name _____ Phone _____

Address _____ Years Known _____

Name _____ Phone _____

Address _____ Years Known _____

Name _____ Phone _____

Address _____ Years Known _____

The following statements are part of this application. Read them carefully and sign below.

1. APPLICATION CERTIFICATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application are grounds for dismissal.

2. AGREEMENT TO TESTING

I understand and agree that I may be required to submit to test(s), i.e. oral, written, physical, manual or any combination of these as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Tribe and to release the Tribe, its directors, officers, agents or employees from any claim arising in connection with the use of such tests(s).

3. DRUG TESTING

I accept the conditions for consideration of employment and I consent to the requirements of a urine, swab, or any other type of drug test per the Poarch Band of Creek Indians Drug-Free Workplace Policies and Testing Guidelines/Procedures. I agree to submit to a swab, urine, or any other type of drug test, and I authorize the testing facility to provide the results of this test to the Poarch Band of Creek Indians. I consent freely and voluntarily to the Poarch Band of Creek Indians request for a saliva, urine, or any other type of sample and hereby release and hold harmless the Poarch Band of Creek Indians, its employees, agents, directors, and officers from any liability whatsoever arising from this request to furnish a sample, the testing of my sample, and any decision made concerning my application for employment based upon the results of the test. I further understand that if employed, I am subject to random, post-accident, and reasonable suspicion drug and/or alcohol testing.

4. AUTHORIZATION AND RELEASE

I authorize investigation of all statements contained in this application and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have. I authorize the verification of licenses and/or certificates that may be required for the position I am being considered for. By signing below, I grant permission to release information to the Poarch Band of Creek Indians, relating to my work, academic experience and/or driving record. I further understand that information obtained may be used by the Tribe, in its sole discretion and without liability, to determine eligibility for initial employment. I am willing that a photocopy or faxed copy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

I authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, county association or institution having control of any documents, records or other information pertaining to me, to furnish to the Police Chief of the Poarch Creek Tribal Police Department and/or the Poarch Creek Indians Human Resources Department any documents or records pertaining to any criminal offense that I may have committed.

I hereby release, discharge, and exonerate the Police Chief of the Poarch Creek Tribal Police, its agents and representatives, the Poarch Creek Indian's Human Resources Department, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records or information requested.

I have read items 1, 2, 3, & 4 above and acknowledge, agree, and consent to all terms and conditions therein.

Complaints about the recruitment or selection process for employment should be directed in writing to office of the President and CEO of PCI Aviation.

PRINTED APPLICANT NAME

APPLICANT SIGNATURE

DATE