



Application for Employment

Thank you for your interest in S.A.S.! Please type or print clearly using black or blue ink only. If additional space is needed for any section of this application, attach separate, labeled sheets of paper, as is necessary. Please make certain that all required attachments are present when you submit this application. Please note that incomplete applications pending additional information will not be considered until all information is received; and that failure to provide complete information may result in denial of your application. Thank you.

Important Information:

Information provided in this application will be kept strictly confidential, unless the applicant consents in writing otherwise. Providing false information on this application is a violation of State and Federal Laws. Initial: _____

I understand that filling out this application does not indicate that there is a position open, and does not obligate SAS Services to hire me. If hired, I agree to abide by all of SAS Services rules, policies, and procedures relating to work performance and conduct. Initial: _____

No person shall be denied employment consideration based on their race, color, ethnicity, national origin, sex/gender, religion, age, sexual orientation, marital status, veteran status, or disability. I am fully aware that if I am employed by SAS Services I will be an **AT-WILL** employee. Either SAS Services or I may end my employment with or without notice, and with or without cause at any time. Initial: _____

I have read the above provided information, understand its content, and agree to all stated terms and conditions.

Applicants Signature

Date

Personal Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Please list any aliases or nicknames: _____

Physical Address: _____

Street City State Zip

Mailing Address: _____

Street City State Zip

Home Telephone: (___) _____ - _____

Business Telephone: (___) _____ - _____

Are you at least 18 years of age? (Y / N)

Are you legally authorized to work in the United States? (Y / N)*

***Documentation proving legal authorization for employment in the U.S. will be required.**

Applicant Acknowledgement of Company Drug Testing

As a condition of employment with SAS Services, I understand that, in accordance with FAA Anti-Drug Testing Program and SAS Services Company Policy, I may be required to take a pre-employment drug test. SAS Services must receive a negative result from this testing prior to the completion of the employment process.

The Anti-Drug Program requires urine and/or saliva testing for the following five specific drugs- marijuana, cocaine, opiates, amphetamines, and PCP. If hired, I further understand that I will be part of SAS Services’ ongoing Drug/Alcohol Abuse testing program which includes random, reasonable suspicion, post accident, return-to-duty, and follow-up testing.

If I either refuse to cooperate with the mandatory drug/alcohol testing program as implemented by SAS Services, or if I have a verified positive drug test reported to SAS Services after the careful review of the Medical Review Officer, I understand that I will no longer be considered for employment.

Printed Applicant Name

Date

Applicant Signature

Employment Desired

Please place an "X" or circle the appropriate answer:

Position: Full Time_____ Part Time_____

Day Shift (5am-1pm): ____ Mid-Shift (11am-8pm): ____ Late Shift (4pm-2am): ____

Can you work overtime? (Yes / No) Weekends? (Y / N) Holidays? (Y / N)

Date you can start:_____

How did you find out about this position?

Newspaper ____ TV____ Radio____ Magazine____ Referral ____

Name of Friend or Relative: _____

Are you currently employed? (Y / N) May we contact your present employer? (Y /N)

Please answer Yes or No to the following:

Have you ever been employed by S.A.S Services in the past? _____

Have you ever applied for employment with S.A.S Services? _____

If hired, can you provide proof of citizenship or the legal right to work in the United States? _____

Performance of Job Functions:

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire is subject to passing a medical examination. Most of our jobs require long periods of standing, computer entry, and lifting of objects. (0-50 lbs)

Are you able to perform the essential job functions of the job for which you are applying?_____

Criminal Convictions:

Have you ever been convicted of a felony or serious misdemeanor? _____

If the answer is yes, please provide the following information:

Date of incident: _____

Location of incident: _____

Charge: _____

Court: _____

Final Disposition: _____

(Note: No applicant will be denied employment solely on the grounds of previous conviction of a criminal offense. The nature of the offense, date of the offense, and surrounding circumstances as well as the relevance of the offense to the position(s) applied for will all be taken into consideration.)

Education and Training:

School:	Name and Address	Did you graduate?	Yrs in Attendance
High School			
College/Univ.			
Vocational:			

Other Training: _____

Do you speak, read, write, or understand any languages other than English? If yes, please list:

Do you have any other experience, training, qualifications, or skills which you feel make you especially qualified to work at S.A.S. Services? If so, please explain:

Are you a U.S. veteran? (Y / N)

References:

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

1. Name: _____
Address: _____
Occupation: _____
Telephone Number: (__) ____ - _____
Years Acquainted: _____

2. Name: _____
Address: _____
Occupation: _____
Telephone Number: (__) ____ - _____
Years Acquainted: _____

Employment History:

Please list all present and past employment, school, and periods of unemployment activity for the past 10 years, in descending order, starting with the most recent activity. **There cannot be any gaps.** You must complete this section even if attaching a resume. If you need more time to accurately fill in ALL activity for the past 10 years, PLEASE take this application home and come back when it is completely filled out. This will speed up the mandatory FAA Pre-hire background check.

From:	To:	Name of Employer/School	May we contact?	Supervisor's Name:
_____	_____	_____	_____	_____
Position:	_____	Salary Range: Start-	_____	End- _____
Phone:	_____	Responsibilities:	_____	
Address: (please include City, State, Country, ZIP)				

Reason for Leaving: _____				

From: _____	To: _____	Name of Employer/School _____	May we contact? _____	Supervisor's Name: _____
Position: _____		Salary Range: Start- _____		End- _____
Phone: _____		Responsibilities: _____		
Address: (please include City, State, Country, ZIP)				

Reason for Leaving: _____				

From: _____	To: _____	Name of Employer/School _____	May we contact? _____	Supervisor's Name: _____
Position: _____		Salary Range: Start- _____		End- _____
Phone: _____		Responsibilities: _____		
Address: (please include City, State, Country, ZIP)				

Reason for Leaving: _____				

From: _____	To: _____	Name of Employer/School _____	May we contact? _____	Supervisor's Name: _____
Position: _____		Salary Range: Start- _____		End- _____
Phone: _____		Responsibilities: _____		
Address: (please include City, State, Country, ZIP)				

Reason for Leaving: _____				

Please add additional sheets as necessary to ensure all of the past 10 years are covered.

Please read carefully and initial each paragraph before signing the bottom of this page:

I declare under penalty of perjury that the facts contained in this application, resume, and other documentation submitted are true and complete to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment, and is justification for my dismissal from employment if discovered at a later date.

I voluntarily and knowingly authorize the release of all information requested by S.A.S. Services and/or agency acting on the company's behalf for the purpose of preparing an investigative report. I further understand that my application for employment will not be complete until I have completed any additional paperwork required by S.A.S. Services and/or agency acting on the company's behalf for the purpose of preparing and investigative report. I understand that I have the right to request that S.A.S. Services provide a complete disclosure of the nature and scope of the investigation, along with information in my investigative file during normal business hours upon reasonable notice to the company. _____

I authorize the investigation of all statements contained in this application/resume, and authorize any person, school, current and past employers and organizations to provide S.A.S. Services with records, information and opinions that may be useful in making the hiring decision. I release all informants of liability for any damage that may result from furnishing information and opinion which is truthful or made in good faith to the company. _____

I understand that employment with S.A.S. Services is contingent upon a pre-employment physical and drug/alcohol-screening exam. I further understand that employment with S.A.S. Services is also contingent upon a background investigation mandated by the Federal Aviation Administration and other applicable regulatory agencies. _____

I understand that if employed and in consideration of employment, I agree to conform to the rules and regulations of S.A.S. Services. It is also clear that every aspect of my employment with the company shall be on an at-will basis, meaning that I or the company may terminate my employment at any time, for any reason, with or without cause. I also understand that the company expressly reserves its inherent authority to manage and control the business enterprise and to exercise its sole discretion to determine all issues pertaining to my employment, including all matters pertaining to promotion, job assignment, the size of the workforce, demotion, transfer and discipline. I further understand and agree that no one other than the President of the Company may modify or change the at-will nature of employment relationship. Any such modifications must be in writing and signed by the President of the Company and myself in order to be considered effective. _____

Applicant Signature: _____ Date: _____

Please turn in completed application to the applicable S.A.S. Services Group Office, or email us as per our website's instruction. Thank you!