



Northern Air Systems, Inc.
3605 Buffalo Road
Rochester, New York 14624
(585) 594-5050 (585) 594-8888 fax
www.northernairsystems.com

Northern Air Technology, Inc.
10421 Mammoth Avenue, Suite A
Baton Rouge, LA 70814
(225) 771-8154 (225) 778-5317 fax
www.northernairsystems.com

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state or local laws.

NORTHERN AIR SYSTEMS, INC. IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, NORTHERN AIR SYSTEMS, INC. MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Please complete all questions. Resumes are not a substitute for a completed application.

Position for which you are applying: _____

First Name: _____ Last Name: _____

Telephone Number: _____ Email: _____

Present Address: _____

City: _____ State: _____ Zip: _____ How long have you lived there _____ / _____
Years/Months

Previous Address: _____

City: _____ State: _____ Zip: _____ How long have you lived there _____ / _____
Years/Months

Type of employment desired:

Full-time Part-time Specify available hours for part-time: _____ to _____
A Shift B Shift

Are you willing to work overtime? Yes No Desired Salary/Hourly Rate: \$ _____ per _____

If a position were offered to you, what date can you start? _____

Have you previously applied for employment with Northern Air Systems, Inc.? Yes No

How did you hear about us? _____



APPLICATION FOR EMPLOYMENT cont'd

Education	School Name & Location	Course of Study	Graduate (Y/N)	# of Years Completed	Degree/Major
High School					
College					
Business Trade/Tech or Post College					

List all special technical skills that you feel qualify you for the job for which you are applying (i.e., *equipment operation, special tools or machines, computer, etc.*) _____

List all Certificates held: _____

WORK EXPERIENCE: Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply the firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service.

Dates Employed: From _____ to _____
Month/Year Month/Year

Employer: _____ Type of Business: _____

Address: _____ City: _____ State: _____

Telephone Number: _____ Supervisor Name: _____

May we contact? Yes No If "No", why not? _____

Job Title: _____ Job Duties: _____

Wage \$ _____ per _____

Reason for leaving? _____

If you resigned, how much notice did you give? _____



APPLICATION FOR EMPLOYMENT cont'd

Dates Employed: From _____ to _____
Month/Year Month/Year

Employer: _____ Type of Business: _____

Address: _____ City: _____ State: _____

Telephone Number: _____ Supervisor Name: _____

May we contact? Yes No If "No", why not? _____

Job Title: _____ Job Duties: _____

Wage \$ _____ per _____

Reason for leaving? _____

If you resigned, how much notice did you give? _____

Dates Employed: From _____ to _____
Month/Year Month/Year

Employer: _____ Type of Business: _____

Address: _____ City: _____ State: _____

Telephone Number: _____ Supervisor Name: _____

May we contact? Yes No If "No", why not? _____

Job Title: _____ Job Duties: _____

Wage \$ _____ per _____

Reason for leaving? _____

If you resigned, how much notice did you give? _____

Dates Employed: From _____ to _____
Month/Year Month/Year

Employer: _____ Type of Business: _____

Address: _____ City: _____ State: _____

Telephone Number: _____ Supervisor Name: _____

May we contact? Yes No If "No", why not? _____

Job Title: _____ Job Duties: _____



APPLICATION FOR EMPLOYMENT cont'd

Wage \$ _____ per _____

Reason for leaving? _____

If you resigned, how much notice did you give? _____

Please explain fully all gaps in your employment history in excess of one month. _____

Have you ever been terminated or asked to resign from any job? Yes No If "Yes", how many times? _____

Has your employment ever been terminated by mutual agreement? Yes No If "Yes", how many times? _____

Have you ever been given the choice to resign rather than be terminated? Yes No If "Yes", how many times? _____

If you answered "Yes" to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES: Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer related references.

Table with 5 columns: Name, Position, Company Name, Work Relationship (i.e. supervisor, co-worker), Telephone Number. It contains 4 empty rows for data entry.



APPLICATION FOR EMPLOYMENT cont'd

Please list the names of personal references (not previous employers or relatives) who know whom we may contact.

Table with 5 columns: Name, Occupation, Address, Telephone Number, Number of years known. It contains three empty rows for data entry.

Do you know anyone that works here? Yes [] No []

If yes, who? _____

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for which state in which I reside.

I understand that the Company is a drug-free workplace, and may utilize a drug and/or alcohol testing program consistent with applicable federal, state and local law. I understand that if a pre-employment or post-employment drug and/or alcohol test is positive, the employment or offer of employment may be withdrawn. I agree to work under the conditions requiring a drug-free workplace consistent with federal, state, and local law. I also understand that all employees, pursuant to the company's policy and federal, state, and local law may be subject to urinalysis and/or blood screening or other medically recognized test designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and/or drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration of employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT - EXPRESS OR IMPLIED - WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT, CFO OR CCO OF THE COMPANY.

If hired, I agree to conform to the rules and regulations of the Company, and I understand that the Company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at-will.



APPLICATION FOR EMPLOYMENT cont'd

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the Company to provide truthful information concerning my employment to future employers and hold the Company harmless for providing such information.

If hired by the Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by the Company I also understand that the Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIX (6) MONTHS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

BY SIGNING BELOW I AFFIRM THAT I HAVE READ AND AGREE TO ALL THE INFORMATION CONTAINED IN THIS APPLICATION.

Applicant's Signature: _____ Date: _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to the Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date