



4700 Old International Airport Road, Anchorage, Alaska 99502/Fax 907-266-8401

Notice: FAA DRUG TESTING: To the extent required by FAA regulations, Ravn Alaska tests covered employees for alcohol and the following 5 controlled substances: PCP, Cocaine, Amphetamines, Marijuana and Opiates. All applicants are tested prior to employment. Applicants may be subject to a background check and criminal records check.

Applicants Signature: _____ Date: _____

Ravn Alaska is an equal opportunity employer. We do not discriminate in employment based on race, age, color, sex, religion, national origin, or other protected classification including disability or handicap.

Full Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Telephone: _____ Alt. Telephone: _____

Other Names Used: _____

Emergency Contact Name: _____ Phone: _____

Have you been previously employed by Ravn Alaska: Yes No If Yes, give dates: _____

Referred by: _____ Relationship: _____

Have you been convicted of any crime in the last ten (10) years? Yes No (Conviction will not necessarily disqualify an applicant for employment). If yes, describe conditions: _____

Have you failed (tested positive) or refused a pre-employment test (drug or alcohol) at an employer where you sought but did not receive DOT employment in the prior two years? Yes No

Position applying for: _____ Wage/Salary Desired: _____

RAVN ALASKA ONLY ACCEPTS EMPLOYMENT APPLICATIONS FOR CURRENT OPENINGS.

Check the company for which you are applying: Ravn Alaska Frontier Flying Hageland Aviation

Will you, with or without reasonable accommodation, be able to perform the functions of the position for which you are applying safely and efficiently? Yes No

Are there any hours, shifts or days you cannot or will not work? _____

Are you willing to accept overtime as required? Yes No

Can you establish that you may be lawfully employed in the country because of citizenship or immigration status? (Proof of citizenship or immigration will be required upon employment.) Yes No

EMPLOYMENT WORK HISTORY: List all permanent and temporary work for the previous ten (10) years. (Attach additional sheets if necessary.) All fields are required to be completed. Stating 'See Resume' in lieu of completing application will cause Employment Application to be deemed incomplete and will not be considered.

Have you been employed by a DOT regulated employer subject to drug and alcohol testing within the last two years: ____ Yes ____ No

PILOTS ONLY: Have you been employed by a DOT regulated employer subject to drug and alcohol testing within the last five years: ____ Yes ____ No

Most Recent or Present Employer: _____	Telephone: _____
Address: _____	
Date Started: _____	Salary: _____ Starting Position: _____
Date Ended: _____	Salary: _____ Ending Position: _____
Name of Supervisor: _____	Reason for Leaving: _____
Can we contact this Employer if still currently employed: ____ Yes ____ No ____ N/A	
Employer: _____	Telephone: _____
Address: _____	
Date Started: _____	Salary: _____ Starting Position: _____
Date Ended: _____	Salary: _____ Ending Position: _____
Name of Supervisor: _____	Reason for Leaving: _____
Employer: _____	Telephone: _____
Address: _____	
Date Started: _____	Salary: _____ Starting Position: _____
Date Ended: _____	Salary: _____ Ending Position: _____
Name of Supervisor: _____	Reason for Leaving: _____
Employer: _____	Telephone: _____
Address: _____	
Date Started: _____	Salary: _____ Starting Position: _____
Date Ended: _____	Salary: _____ Ending Position: _____
Name of Supervisor: _____	Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Date Started: _____ Salary: _____ Starting Position: _____

Date Ended: _____ Salary: _____ Ending Position: _____

Name of Supervisor: _____ Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Date Started: _____ Salary: _____ Starting Position: _____

Date Ended: _____ Salary: _____ Ending Position: _____

Name of Supervisor: _____ Reason for Leaving: _____

<u>EDUCATION</u>	<u>NAME OF SCHOOL</u>	<u>HIGHEST GRADE COMPLETED</u>	<u>GRADUATED</u>	<u>MAJOR</u>	<u>DEGREE RECEIVED</u>
High School		9 10 11 12	Yes No		
College University		13 14 15 16	Yes No		
Other Training or Education					

Certificates, Training, Skills Attained Related to this Position: _____

Computer Skills/Programs Proficient In: _____

PROFESSIONAL REFERENCES: THESE CANNOT BE FRIENDS, FAMILY MEMBERS, ACQUAINTANCES

Reference Name	Current Telephone Number	Relationship	Years Known

COMPANY POLICIES

Applicant's Certification and Agreement: I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, omission of information or false statements on this application or during any Company investigation may result in my dismissal. I authorize the Company to undergo an investigation of any of the facts set forth in this application.

During the period of employment, it is Company policy that any patent(s) issued on inventions conceived by an employee in the course of work, are considered the property of the Company. Any employee is prohibited from engaging in the business of buying or selling, directly or indirectly, aviation equipment or providing aviation services for others during their period of employment (other than incidental or occasional purchases or sales of aviation equipment or provision of aviation services for personal use), unless the employee secures in advance the written permission of an executive officer of the company.

I understand that employment at Ravn Alaska is "at will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by law. All employment is continued on that basis unless a different employment relationship is established, in writing, signed by the Company CEO. I understand that no employee, supervisor, manager or executive of the Company, other than the CEO has any authority to alter the employment "at will" relationship. If employed, I understand that I am required to abide by all Company rules and regulations, which the Company may change or establish at its discretion.

Signature of Applicant _____ Date _____