

Employment Application



NOTICE REGARDING FAA DRUG TESTING: To the extent required by FAA regulations, Ravn Air Group tests covered employees for alcohol and the following five (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.

Applicant Signature: _____ Date: _____

Ravn Air Group 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: _____

Have you been previously employed by Ravn Air Group? Yes No
(If you answered yes, provide previous dates of employment: _____)

Referred by: _____ Relationship: _____

Have you been convicted of any crime in the last ten (10) years? Yes No
(If you answered yes, describe conditions: _____)

Please Note: Conviction will not necessarily disqualify an applicant for employment.

In the prior two years, have you failed (i.e., tested positive) OR refused a pre-employment drug OR alcohol screening at an employer where you sought but did not receive DOT employment?
 Yes No

RAVN AIR GROUP ONLY ACCEPTS EMPLOYMENT APPLICATIONS FOR CURRENT OPENINGS.

Position applying for: _____ Wage/Salary Desired: _____

State location of the position for which you are applying: _____

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? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

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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

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

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| <p>Most Recent/Present Employer: _____ Telephone: _____</p> <p>Address: _____</p> <p>Date Started: _____ Salary: _____ Starting Position: _____</p> <p>Date Ended: _____ Salary: _____ Ending Position: _____</p> <p>Name of Supervisor: _____ Reason for Leaving: _____</p> <p>Can we contact this Employer if still currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> |
| <p>Employer: _____ Telephone: _____</p> <p>Address: _____</p> <p>Date Started: _____ Salary: _____ Starting Position: _____</p> <p>Date Ended: _____ Salary: _____ Ending Position: _____</p> <p>Name of Supervisor: _____ Reason for Leaving: _____</p> |
| <p>Employer: _____ Telephone: _____</p> <p>Address: _____</p> <p>Date Started: _____ Salary: _____ Starting Position: _____</p> <p>Date Ended: _____ Salary: _____ Ending Position: _____</p> <p>Name of Supervisor: _____ Reason for Leaving: _____</p> |
| <p>Employer: _____ Telephone: _____</p> <p>Address: _____</p> <p>Date Started: _____ Salary: _____ Starting Position: _____</p> <p>Date Ended: _____ Salary: _____ Ending Position: _____</p> <p>Name of Supervisor: _____ Reason for Leaving: _____</p> |

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| Education | Name of School | Highest grade Completed | Graduated | Major | Degree Received |
|-----------------------------|----------------|-------------------------|--|-------|-----------------|
| High School | | 9 10 11 12 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| College/ University | | 13 14 15 16 | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Other Training or Education | | | | | |
| Other Training or Education | | | | | |

Certificates, training, and/or skills attained related to this position: _____

Computer skills and/or programs proficient in: _____

Other professional abilities or skills attained related to this position: _____

PROFESSIONAL REFERENCES: Cannot be friends, family members, or acquaintances.

| Reference Name | Current Telephone Number | Relationship | Years Known |
|----------------|--------------------------|--------------|-------------|
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COMPANY POLICIES: 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 Air Group 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.

APPLICANT’S CERTIFICATION AND AGREEMENT: I certify that the facts set forth in this Employment Application 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.

Applicant Signature: _____ **Date:** _____