Employment Application

6100 Boeing Avenue
Anchorage, AK 99502
(907) 771-2500
hr@penair.com

PenAir is an equal opportunity employer dedicated to non-discrimination in employment. *PenAir* enforces a drug and alcohol free workplace policy. Pre-employment drug screening is required and applicants will not have had a previous positive drug test in the last five-year period. All new employees will complete fingerprinting through the Anchorage Airport Badge Office. Should there be a finding that the employee is not able to obtain an Anchorage airport badge, the employee will be terminated at that time.

The Federal Aviation Administration (FAA), in accordance with the Aviation Security Improvement Act of 1990, requires airport operators and air carriers to conduct an employment investigation and disqualify individuals convicted (or found not guilty by reason of insanity) of certain crimes from having, or being able to authorize others to have, unescorted access privileges to an airport Security Identification Display Area.

GENERAL INFORMATION

Name			Date
Last	*First*	*M.I.*	
Address			
Street Address	*City*	*State*	*Zip Code*
Phone # (day)	Phone # (evening)	Alternate Phone #	
Date of Birth, if under 18	E-Mail		
Have you previously worked for *PenAir?* ☐ YES ☐ NO	If yes, dates of employment?	From	To
Department	Position	Supervisor	
Have you previously filed an application with *PenAir?* ☐ YES ☐ NO	If yes, date submitted:		
If hired, can you provide proof of citizenship or legal right to work in the U.S.? ☐ YES ☐ NO			
Driver License #	Issuing State		
If you are a professional requiring licensure, are you currently registered in Alaska? ☐ YES ☐ NO			
License Type	Issuing State	Registration #	Exp. Date
Have you ever been convicted of any misdemeanor or felony criminal offense(s) within the last seven (7) years? ☐ YES ☐ NO			
If yes, please explain:			

POSITION

Position Applying For	This Position is	☐ Full-Time	☐ Part-Time ☐ Temporary
Source of Referral ☐ Newspaper ☐ Job Center ☐ Other			
Is there any reason why you would not be able to perform or safely perform any of the duties of the position for which you have applied? ☐ Yes ☐ No If yes, please explain:			

EDUCATION & TRAINING

High School Name & Address	Graduate? ☐ Yes ☐ No	Dates Attended		
College, University, or Technical School Name & Address	Graduate? ☐ Yes ☐ No	Major Subject	Dates Attended	Type of Degree
College, University, or Technical School Name & Address	Graduate? ☐ Yes ☐ No	Major Subject	Dates Attended	Type of Degree
Other School Name & Address	Graduate? ☐ Yes ☐ No	Major Subject	Dates Attended	Type of Degree

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EDUCATION & TRAINING

List Licenses, foreign languages, computer, data/word processing, office equipment, typing, or other skills & training you consider relevant to employment at *PenAir*

Language Ability	English ☐ Speak ☐ Read ☐ Write	Other _____ ☐ Speak ☐ Read ☐ Write	Other _____ ☐ Speak ☐ Read ☐ Write

EMPLOYMENT RECORDS

List Most Recent Employment First

1. Employer	Start Date	End Date	May we contact the employer? ☐ Yes ☐ No
Address			
Street Address	*City*	*State*	*Zip Code*
Position Title	Supervisor	Employers/Supervisors Phone	
Position Description			
Starting Pay	Final Pay	Pay ☐ Hourly ☐ Salary	Reason for Leaving

2. Employer	Start Date	End Date	May we contact the employer? ☐ Yes ☐ No
Address			
Street Address	*City*	*State*	*Zip Code*
Position Title	Supervisor	Employers/Supervisors Phone	
Position Description			
Starting Pay	Final Pay	Pay ☐ Hourly ☐ Salary	Reason for Leaving

3. Employer	Start Date	End Date	May we contact the employer? ☐ Yes ☐ No
Address			
Street Address	*City*	*State*	*Zip Code*
Position Title	Supervisor	Employers/Supervisors Phone	
Position Description			
Starting Pay	Final Pay	Pay ☐ Hourly ☐ Salary	Reason for Leaving

4. Employer	Start Date	End Date	May we contact the employer? ☐ Yes ☐ No
Address			
Street Address	*City*	*State*	*Zip Code*
Position Title	Supervisor	Employers/Supervisors Phone	
Position Description			
Starting Pay	Final Pay	Pay ☐ Hourly ☐ Salary	Reason for Leaving

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	

If other than honorable, explain:

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REFERENCES

List individuals (other than relatives or personal friends) who have knowledge of your work experience and/or education (e.g. teachers or co-workers)

Full Name	Relationship
Title/Company	Phone
Address	
Street Address *City* *State* *Zip Code*	
Full Name	Relationship
Title/Company	Phone
Address	
Street Address *City* *State* *Zip Code*	
Full Name	Relationship
Title/Company	Phone
Address	
Street Address *City* *State* *Zip Code*	

DISCLAIMER

APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING

Please read carefully

The answers to the foregoing questions are true and correct to the best of my knowledge.

1. I understand that an offer of employment with Peninsula Airways, Inc. (hereinafter referred to collectively as "*PenAir*") does not constitute a contract of employment for any definite duration. I understand that if I become employed by *PenAir*, such employment is "at will" and can be terminated with or without cause at any time at the discretion of *PenAir*.
2. I authorize an investigation of all matters concerning my past employment, credit, criminal convictions, character or other activities; and the issuance of any information by any person, company or corporation with respect to any of the above, including the issuance of credit reports or other statements which may be furnished or obtained concerning my background at any time. I release from any and all liability and responsibility all persons, companies and corporations supplying such information and *PenAir* and its agents in obtaining and using the same.
3. I understand that I am required to abide by all policies, rules and regulations of *PenAir* including all applicable safety rules and regulations and further acknowledge that my failure to follow such shall be grounds for my immediate termination. I understand that *PenAir's* rules and regulations may be modified at any time, with or without notice.
4. I understand and agree that any false, misleading or incomplete information given in my application, résumé, interview(s) or other pre-employment questionnaires or procedures, regardless of when discovered by *PenAir*, may disqualify me for employment or, if employed, may result in my immediate termination. I agree that *PenAir* shall not be liable in any respect if I am not hired or my employment is terminated as a result of providing such false, misleading or incomplete information.
5. I understand that if I am offered a position at *PenAir*, I will be required to take a drug screening prior to beginning work. I understand that a positive test result will result in my disqualification for further consideration for employment. I also understand that if I refuse to take the test, I will receive no further consideration for employment. I also consent to drug testing and alcohol testing as may be requested by a *PenAir* representative under *PenAir's* drug-free and alcohol-free workforce personnel policy.
6. I also certify that I understand that I may be required to work at other than my regular assignment as the needs of *PenAir* require, and that my employment is subject to complying with rules, regulations and conditions as established by management.
7. I also certify that if employed I will give the required number of days written notice before terminating my employment. Failure to give such notice waives all and any benefits I have accrued other than pay for time worked.
8. I hereby certify that I am able to perform, with or without reasonable accommodations, the essential job functions of the position for which I am applying. Any time after a conditional offer of employment or during employment, if hired, I authorize any physician or health care provider to release information advising *PenAir*: what reasonable accommodations, if any, are required to meet the essential job functions of the position and (ii) whether I can perform the job without posing a direct threat to the health or safety of myself or others.
9. I understand that employment is subject to verification of all information contained in this application or other pre-employment questionnaires or interviews, including, but not limited to, verification of applicable lawful age and legal right to remain permanently in, and to work in, the United States, as provided under applicable law. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file and to verify the information contained therein.
10. I hereby acknowledge that I have read and understand all of the information written above and agree to the terms therein. 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 shall be grounds for dismissal.
11. Note for applications sent electronically: *You consent and agree that your use of a key pad, mouse, or other device to select an item, button, icon or similar act/action while using any electronic service we offer, or in accessing or making any transactions regarding any agreement, acknowledgement, consent, terms, disclosures or conditions* constitutes your signature*, acceptance and agreement* as if actually signed by you in writing*. Further, you agree that no certification authority or other third party verification is necessary to the validity of your electronic signature; and that the lack of such certification or third party verification will not in any way affect the enforceability of your signature or any resulting contract between you and PenAir.*

Signature	**Date**

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PenAir
THE SPIRIT OF ALASKA

APPLICANT INFORMATION FORM

Please complete this information to assist us in complying with equal opportunity/affirmative action recordkeeping and reporting requirements. Providing this information is voluntary; and refusal to provide it will not result in any adverse treatment. This form will be kept in a separate confidential file and will be used only for government reporting purposes.

Applicant Name: _____

Position Applied For: _____ **Position No.:** _____

Gender: ☐ Male ☐ Female

Race/Ethnic Group (select one only):

☐ ***White*** (not Hispanic or Latina) – A person, with origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ ***Black or African American*** (not Hispanic or Latino) – A person with origins in any of the Black racial groups of Africa.

☐ ***Hispanic*** – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. This does not include persons of Portuguese descent or persons from Central or South America who are not of Spanish origin or culture

☐ ***Asian*** (not Hispanic or Latino) – A person with origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent. This area includes for example: China, Japan, Korea, the Philippine Islands, Cambodia, Thailand and Vietnam, as well as India, Pakistan, Bangladesh, Sir Lanka, Nepal, Sikkim and Bhutan.

☐ ***Native Hawaiian or Other Pacific Islander*** (not Hispanic or Latino) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

☐ ***American Indian or Alaskan Native*** (not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or has community recognition as an American Indian or Alaskan Native.

☐ ***Two or More Races*** (not Hispanic or Latino) – A person who identifies with more than one of the above races.

Signature: _____ **Date:** _____

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, medical condition, or physical or mental disability.

DISCLOSURE AND AUTHORIZATION FORM

PenAir (the "Company") may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

HireRight, Inc., or another consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California, Irvine, CA 92617, and can be contacted at 800-400-2761. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, New York or Washington applicant, please also note:

CALIFORNIA: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only – You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

☐ I wish to receive a free copy of the report.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

Social Security # _____ Date of Birth (for ID purposes only) _____

Present Address _____

City _____ State _____ Zip _____

Driver's License # _____

ADDITIONAL STATE LAW NOTICES

If you live in or are applying for a job in the state of California, Maine or New York, please review these additional notices.

CALIFORNIA: You may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

MAINE: You have the right upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

NEW YORK: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.