

EMPLOYMENT APPLICATION

AMTRAN

Current as of 12/6/17

3301 Fifth Avenue

Altoona, PA 16602

Instructions: Thank you for your interest in the employment with AMTRAN. Please complete all sections of this employment application. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by Pennsylvania and federal laws. This employment application is valid for a three-month period after submission to the Company and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application. Use additional paper if necessary to provide complete answers to any questions.

[Please Print](#)

Section One: Personal Information

Name:		Date:
Current Address:		City/State/Zip:
Social Security Number:	Date of Birth (MM/DD/YYYY):	Phone Number:
Email:		

Previous Addresses (if any) for the past three (3) years:

Previous Address:	City/State/Zip:
Duration of Residence (YYYY – YYYY):	
Previous Address:	City/State/Zip:
Duration of Residence (YYYY – YYYY):	

Section Two: Referral Source (please check the appropriate category and name the source)

Walk-in

Employee Referral

Employee Name _____

Other

Section Three: Desired Employment

Desired Position:	Available Start Date:	Compensation Desired:
Have you ever applied for employment at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	When:
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	When:
Apart from religious observances, will you be able to work all other times? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please list any other name under which you have been employed: _____

Are you legally authorized to work in the United States on an unrestricted basis for any employer? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No
 Applicants are not obligated to disclose sealed or expunged arrest or conviction records. If yes. Please explain. _____

Applicants are not obligated to disclose sealed or expunged arrest or conviction records. ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT, FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION, AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Section Four: Education

Education/Type	Name & City	Did you Graduate?	Degree Received
High School		Yes / No	
College		Yes / No	
Graduate School		Yes / No	
Other		Yes / No	

Section Five: Employment History

Name of Present or Last Employer:			
Address:		City:	State: Zip Code:
Starting Date (Month/Year):	Date Last Worked (month/Year):		Job Titles:
Starting Salary/Hourly Rate:	Final Salary/Hourly Rate:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____	
Starting Commission/Bonus:	Final Commission/Bonus:		
Name of Supervisor:		Title:	Employer's Phone Number:
Summarize Type of Work Performed and Job Responsibilities:			
Reason(s) for Leaving:		If you were terminated or asked to resign, please explain:	
Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed?		Was your job designated as safety sensitive function in any DOT Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Were you subject to DOT-Required Drug and Alcohol Testing?	

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Section Five: Employment History Continued

Name of Previous Employer:				
Address:		City:	State:	Zip Code:
Starting Date (Month/Year):		Date Last Worked (month/Year):		Job Titles:
Starting Salary/Hourly Rate:	Final Salary/Hourly Rate:		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?	
Starting Commission/Bonus:	Final Commission/Bonus:			
Name of Supervisor:		Title:	Employer's Phone Number:	
Summarize Type of Work Performed and Job Responsibilities:				
Reason(s) for Leaving:			If you were terminated or asked to resign, please explain:	
Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was your job designated as safety sensitive function in any DOT Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Were you subject to DOT-Required Drug and Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Address:		City:	State:	Zip Code:
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Starting Salary/Hourly Rate:	Final Salary/Hourly Rate:		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?	
Starting Commission/Bonus:	Final Commission/Bonus:			
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Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed?			Was your job designated as safety sensitive function in any DOT Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Were you subject to DOT-Required Drug and Alcohol Testing?	

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Section Five: Employment History Continued

Name of Previous Employer:				
Address:		City:	State:	Zip Code:
Starting Date (Month/Year):		Date Last Worked (month/Year):		Job Titles:
Starting Salary/Hourly Rate:		Final Salary/Hourly Rate:		May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Starting Commission/Bonus:		Final Commission/Bonus:		
Name of Supervisor:		Title:	Employer's Phone Number:	
Summarize Type of Work Performed and Job Responsibilities:				
Reason(s) for Leaving:			If you were terminated or asked to resign, please explain:	
Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was your job designated as safety sensitive function in any DOT Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Were you subject to DOT-Required Drug and Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Related Information:

If you are a member of any job related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any protected category.

Job Skills and Qualifications:

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance.

Section Six: Commercial Driver's License (CDL) Information:

If applying for a position, which requires CDL, please complete section 6. If not, please skip and move onto section 7.

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

Driving Experience:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
BUS				
TRACTOR AND SEMI-TRAILOR				
Other (Indicate Type)				

Accident Record For the Past 3 years (Attach sheet if more space is needed)

	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

Traffic Convictions and Forfeitures for the Past 5 Years (Other than parking violations)

LOCATION	DATE	CHARGE	TYPE OF VEHICLE OPERATED

Section Six Continued: Commercial Driver's License (CDL) Information:

If applying for a position, which requires CDL, please complete section 6. If not, please skip and move onto section 7.

IF THE ANSWER TO ANY OF THE BELOW IS YES, PLEASE ATTACH STATEMENT GIVING DETAILS

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes No

If you answered "yes", you must attach a statement giving details.

2. Has any license, permit or privilege ever been suspended or revoked?

Yes No

3. For the past two years, have you tested positive or refused to test on any pre-employment drug or alcohol test required by a DOT-regulated employer because you would perform safety-sensitive transportation work?

Yes No

If you answered "yes", you must identify the DOT-regulated employers and when the testing took place in the space below of this form. You must provide the Company with documentation that you successfully completed the return-to-duty process required by the DPT rules. Failure to provide this documentation to the Company within two (2) weeks or other time period determined by the Company will result in the withdrawal of any job offer/transfer.

Section Seven: Acknowledgement, Certification, Authorization:

I, the applicant, certify that the entries and information set forth in this Application are true and complete to the best of my knowledge. I understand that deliberately entering false information will results in the withdrawal of any job offer/transfer

Applicant Signature

Date

Certification

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I understand and expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only six (6) months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be limited by any collective bargaining agreement or as required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's General Manager.

I understand and agree that I may be required to submit to drug testing and complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing, any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know where required by law. Also, I agree to fully cooperate and provide the company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Authorization/Signature of Applicant: _____

Date: _____

Disclosure and Authorization to Obtain Consumer Report

In order to evaluate you for hiring, promotion, reassignment, transfer, retention in employment, or other employment-related purposes, the Company may decide to obtain a consumer report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. However, no consumer report will be obtained by the Company for employment purposes without your prior written authorization.

Authorization

I hereby acknowledge that the Company has disclosed, in writing, that it may obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for employment purposes. I hereby authorize the Company and its representatives and agents to obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

Authorization/Signature of Applicant: _____

Date: _____

Print Name: _____
