



EMPLOYMENT APPLICATION

FORM: HR-01
 REV: ORIGINAL
 DATE: 01-09-12
 PAGE 1 of 4

PLEASE PRINT CLEARLY

NAME:	<small>LAST</small> _____ <small>FIRST</small> _____ <small>MIDDLE</small> _____	SSN:		
ADDRESS:	<small>STREET</small> _____			
	<small>CITY</small> _____	<small>STATE</small> _____	<small>ZIP CODE</small> _____	
CONTACT #:	<small>HOME</small> _____ <small>CELL</small> _____	EMAIL:	_____	
POSITION APPLYING FOR:	_____		DATE: _____	
Have you ever been employed by Swift Air? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES: _____	POSITION:	_____	
Have you ever filed a resume or employment application with Swift Air? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE: _____	POSITION:	_____	
In order to verify education and work records, please list any other names by which you have been known by over the last 10 years:				
How were you referred to Swift Air? <input type="checkbox"/> flyswiftair.com <input type="checkbox"/> climbto350.com <input type="checkbox"/> jobing.com <input type="checkbox"/> Other _____ <input type="checkbox"/> Swift Air Employee (Employee Name: _____)				
Do you have any relatives employed by Swift Air? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, name and relation: _____				
Do you have adequate transportation to and from work? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Have you had any moving violations, including DUI/DWI, within the last 39 months? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If so, please describe each – please add an additional page as needed.				
EDUCATION	NAME OF SCHOOL	ADDRESS OF SCHOOL	NUMBER OF YRS ATTENDED	DIPLOMA/DEGREE
HIGH SCHOOL				
TRADE SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
Please list any certifications, courses, or training related to desired work :				
Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Have you been told the essential functions of the job, or have you been shown a copy of the job description listing the essential functions of the job? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Can you perform the essential functions of the job with or without a reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Swift Air is a 24 hour a day / 7 day a week company. What hours are you available to work? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Any <input type="checkbox"/> Any except _____				
DATE AVAILABLE TO START:	_____		DESIRED SALARY:	_____

EMPLOYMENT APPLICATION

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EMPLOYMENT HISTORY:

Instructions – In order, list employment and *unemployment* for the past 5 years. Begin with your most recent employment. For each activity, include specific duties, responsibilities, and the number of people supervised (if appropriate). If necessary, use additional sheets to fully cover these activities. Attach résumé *only to supplement* information. For military service, identify only those skills relevant to the position required. *Please do not write “See Résumé”.*

Are you eligible to work in the United States? YES NO
(Please see “Authorization to work in the United States” paragraph on the last page of this application.)

EMPLOYER:			DATES EMPLOYED	
TYPE OF BUSINESS:			FROM	TO
ADDRESS:	STREET	CITY	STATE	ZIP CODE
SUPERVISOR:	NAME	TITLE	PHONE	
STARTING POSITION:			HOURLY RATE/SALARY:	
ENDING POSITION:			START	END
REASON FOR LEAVING:			May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES:				

EMPLOYER:			DATES EMPLOYED	
TYPE OF BUSINESS:			FROM	TO
ADDRESS:	STREET	CITY	STATE	ZIP CODE
SUPERVISOR:	NAME	TITLE	PHONE	
STARTING POSITION:			HOURLY RATE/SALARY:	
ENDING POSITION:			START	END
REASON FOR LEAVING:			May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES:				

EMPLOYER:			DATES EMPLOYED	
TYPE OF BUSINESS:			FROM	TO
ADDRESS:	STREET	CITY	STATE	ZIP CODE
SUPERVISOR:	NAME	TITLE	PHONE	
STARTING POSITION:			HOURLY RATE/SALARY:	
ENDING POSITION:			START	END
REASON FOR LEAVING:			May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES:				



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EMPLOYMENT HISTORY: *continued*

EMPLOYER:				DATES EMPLOYED	
TYPE OF BUSINESS:				FROM	TO
ADDRESS:	STREET	CITY	STATE	ZIP CODE	
SUPERVISOR:	NAME	TITLE	PHONE		
STARTING POSITION:				HOURLY RATE/SALARY:	
ENDING POSITION:				START	END
REASON FOR LEAVING:				May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES:					

EMPLOYER:				DATES EMPLOYED	
TYPE OF BUSINESS:				FROM	TO
ADDRESS:	STREET	CITY	STATE	ZIP CODE	
SUPERVISOR:	NAME	TITLE	PHONE		
STARTING POSITION:				HOURLY RATE/SALARY:	
ENDING POSITION:				START	END
REASON FOR LEAVING:				May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES:					

EMPLOYER:				DATES EMPLOYED	
TYPE OF BUSINESS:				FROM	TO
ADDRESS:	STREET	CITY	STATE	ZIP CODE	
SUPERVISOR:	NAME	TITLE	PHONE		
STARTING POSITION:				HOURLY RATE/SALARY:	
ENDING POSITION:				START	END
REASON FOR LEAVING:				May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES:					



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To be considered, you must read and sign this page.

CREWMEMBERS ONLY:	<p>Have you ever had any accidents, incidents or violations? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date and description: _____</p> <p>Will you voluntarily disclose any FAA records you possess in regards to past employment and/or check-rides including notices of disapproval for evaluation events? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date and description: _____</p>
FELONY OR MISDEMEANOR CONVICTION:	<p>Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date and description: _____</p> <p>Have you ever been convicted of a misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date and description: _____</p> <p>A conviction will not necessarily disqualify you from employment. The job-related nature of the violation will be considered. Use additional space above if needed.</p>
COMPLIANCE WITH POLICIES, RULES, AND REGULATIONS:	<p>I agree and understand that in the event of employment, I will be required to conform to all policies, rules and regulations of Swift Air as they may now exist or as they may be changed from time to time. I understand that failure to do so may lead to corrective action, up to and including termination.</p>
VERIFICATION OF INFORMATION:	<p>I hereby give authorization for Swift Air to request information from former employers, educational institutions, credit sources (if applicable), and local municipal, city, county and federal authorities as well as any personal interviews with friends and business associates for the purpose of employment. I understand this is a continuing authorization and includes future background checks for promotions, reassignments or retention as an employee without additional authorization from me.</p>
EMPLOYEMENT AT WILL:	<p>Swift Air adheres to the doctrine of employment at will. I understand and agree that employment can be terminated, with or without cause and with or without notice, at any time, at the option of either the Company or me. While other terms of employment and policies and procedures may exist and be changed from time to time, an employee's at-will status is not subject to change absent a written agreement expressly so providing, signed by an officer of the Company. This application is not a contract of employment and my employment and compensation may be terminated without cause at any time by either the Company or me and no Company representative has the authority to enter into any employment agreement with me contrary to the foregoing. Filing this application in no way assures me a position with this Company, and if I am hired, makes no guarantee regarding my future with this Company.</p>
AUTHORIZATION TO WORK IN THE UNITED STATES:	<p>I am authorized to work in the United States because I am a citizen or a national of the United States, or an alien lawfully admitted to the United States for permanent residences or an alien lawfully authorized by the Immigration and Naturalization Service to work in the United States. Under provisions of the Immigration Reform Act of 1986, I also understand that if I am hired, I will be required to provide documents verifying my identity and eligibility to work in the United States within three (3) days of hire.</p>
EQUAL OPPORTUNITY EMPLOYER:	<p>Swift Air does not discriminate on the basis of race, color, religion, gender, sexual orientation, national or ethnic origin, age, mental or physical disability, status as a Vietnam Era Veteran or a special disabled veteran or any other factors prohibited by applicable law. Swift Air is an equal opportunity employer with affirmative action programs in compliance with Executive Order 11246 and the regulations pertaining thereto.</p>

By signing this application, I certify this information is factual and complete. I understand that any falsification, misinterpretation, or omission of relevant information, either in this application or in connection with any background investigation, will be grounds for invalidation of this application or termination of employment. I further certify that my signature below indicates that I have read and understand the above statements and provisions and agree to all statements and provisions above.

APPLICANT'S SIGNATURE: _____	DATE: _____
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RECORDS REQUEST - REPLY FORM

*To be completed by Swift Air Applicant and returned to Swift.
(Please fill out 1 form for each of your previous employers in the past 2 year)*

Name of Applicant: _____ Social Security _____

Name of Previous Employer: _____

Dates of Employment: _____

Address of Employer: _____

Phone Number of Employer: _____

I _____, consent to release records pertaining to
(Sign full name) me to the air carrier, Swift Air L.L.C .

Date Request Sent by Swift Air: _____

NOTE TO PREVIOUS EMPLOYER:

- Per FAA Regulations Swift Air is conducting a 2 year work history check on this applicant. Please provide training and performance records pertaining to this applicant within 2 years of the date of this request.
- In completing this form, include only documented events that occurred within 2 years of the date of receipt of this request.
- If your company does not have 2 years of records on this applicant, please provide information that is currently available.
- Previous Employer: Please return to Swift Air within 30 days.
By Fax: 602-926-8027
Or By Mail:
Swift Air
Training Records / DER
2710 E. Old Tower Rd.
Phoenix, AZ 85034

To be completed by Previous Employer (record provider)

Name of carrier, company, or organization: _____

Please print your name: _____

Your Signature: _____ Date: _____

Your Title: _____ Phone Number: _____

1. What is the applicant's current employment status with your company?
If the applicant was released from employment within the past 2 years, please provide documentation regarding the release from employment.
 Employed No longer employed
2. Within the past 2 years, under the drug testing provisions of FAR 120 has the applicant tested positive or refused to submit to a required test?
 No Yes If yes, provide documentation.
3. Within the past 2 years, under the alcohol testing provisions of FAR 120 has the applicant tested positive, refused to submit to a required test, or violated the ban on consumption of alcohol for 8 hours prior to duty?
 No Yes If yes, provide documentation
4. Do you have any records entered within the past 2 years showing that the applicant did not complete any training due to poor performance?
 No Yes If yes, provide documentation
5. Do you have any records entered within the past 2 years showing that the applicant failed a line or proficiency check?
 No Yes If yes, provide documentation
6. Do you have any records entered within the past 2 years showing that the applicant was removed from flying status for any performance or professional competency reason?
 No Yes If yes, provide documentation
7. Do you have any records entered within the past 2 years showing that the applicant was the subject of any disciplinary action that was not subsequently overturned?
 No Yes If yes, provide documentation.

Please fax or mail back to Swift Air at 602-926-8027

SWIFT AIR

EMPLOYMENT/APPLICATION HISTORY AND AGREEMENT TO RELEASE ANTIDRUG AND ALCOHOL MISUSE PREVENTION PROGRAM RECORDS

I, _____, understand that as a condition of
(Name of Individual)

seeking employment with **Swift Air** in a safety-sensitive position, I must disclose all prior **DOT regulated employers** for which I performed safety-sensitive functions in the last 2 years/ 5 years for pilots.

I further understand that, using the form provided by **Swift Air**, I must authorize and direct each such DOT regulated employer to release to **Swift Air** records pertaining to:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (2) Verified positive drug tests;
- (3) Refusals to be tested (including verified adulterated or substituted drug test results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and
- (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests).

I agree that the information released can be used to determine whether I should *be* employed by **Swift Air** in a safety-sensitive position.

I certify that the information below is complete and accurate, and I understand that if I falsify or omit any information I may be disqualified from consideration for hiring or placement in a safety-sensitive position.

EMPLOYMENT/APPLICATION HISTORY:

Company name/Address	Point of contact/ Telephone number	Date(s) of employment
1 _____		
2 _____		
3 _____		
4 _____		

Signature of Individual

Date



Notice of Disclosure

As a condition of employment with **Swift Air** in a safety-sensitive position, I must **disclose** in accordance with the current DOT Anti-Drug and Alcohol Misuse Prevention Program Regulations if within last two years I had any of the following;

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested (including verified adulterated or substituted drug test results);
4. Other violations of DOT agency drug and alcohol testing regulations
5. If I have tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which I have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

I, _____ certify that I have disclosed any and
Print your name here
all items listed in the paragraph above. I understand that if I falsify or omit any information I may be disqualified from consideration for hiring or placement in a safety-sensitive position.

Signature

Social Security Number

Date