



S E R V I C E S

Recruiting Department

4150 International Plaza Suite 510

Fort Worth, Texas 76109

Phone: 888-272-7868 Fax: 800-285-8805

FAX

To: _____

Fax #: _____

Pages: _____, including cover

Re: **New Hire Paperwork**

Please make sure you have completed and signed the following forms prior to returning them to your recruiter:

- **Background Check Information (7 year work history)**
- **Release and Consent for Background Security Check**
- **Application Authorization to Release Drug and Alcohol Testing**
- **Employment Verification Request and Release**
- **International Authorization for Release of Information (consent and release form for education verification), if applicable**

The Background Check Information (7 year work history) form must be completed for the last seven years with NO gaps (every month must be accounted for). For each gap, you must provide a friend's name and phone number so that the employment gap can be verified.

Please call if there are any questions. Thank you, and have a great day.

To whom it may concern:

I have recently submitted an Application for employment with APA Services. An education investigation is required for the position. Please respond to the below verification of education. I hereby authorize you to provide any information you may have regarding my education. Thank you.

Signature: _____ Date: _____

SS# _____

Name of School Attended: _____

Address/Location: _____

****To be completed by school representative-

Name of School: _____

Dates attended/Graduated: _____

School Representative completing form: _____

Title: _____

Phone #: _____

Date: _____

**AUTHORIZATION RELEASE
FOR PRE-EMPLOYMENT INVESTIGATION**

Full Name *(Please Print)*

Maiden / Other Names Used

Social Security Number	Date of Birth	Driver's License#	State Issued
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List all previous addresses for the past 7) years

street	city/state	years(from-to)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

List previous employment for the past three (3) years

1. _____
2. _____
3. _____
4. _____
5. _____

Education

school	city/state	degree	years attended
1. _____	_____	_____	_____
2. _____	_____	_____	_____

In compliance with the Fair Credit Reporting Act and in connection with my application at _____, I understand that as directed with company policy and consistent with the job described, you may be requesting information from public and private sources about my court records, education, prior and previous employment, driving record, credentials, and references. I understand that the above information will be used solely for employment purposes only.

I hereby certify that I have read the above authorization and acknowledge receipt of _____, Summary of Consumer Rights Under the Fair Credit Reporting Act. Furthermore, I release _____ and R.J. McGough & Associates, Inc. from any and all liability pertaining to the investigation and disclosure of the requested information.

Applicant's

Signature _____ Date _____



A-Protechnical Aerospace Services, Inc.
4150 International Plaza Suite 510
Fort Worth, Texas 76109
Phone: 877-425-5023 Fax: 800-285-8879

RELEASE AND CONSENT FOR BACKGROUND SECURITY CHECK

As an applicant for employment, I hereby authorize APA Services, its agent, or consumer reporting bureau to contact orally, or in writing any third parties to obtain information and qualifications for employment. This may include criminal record searches, both misdemeanor and felony. I hereby waive any right or claims I might have against APA Services or its designee, as well as the company agency or any other person providing the requested information.

I agree that APA Services may, at its sole discretion, deny me employment, require that I be removed from a temporary assignment, or discharge me from employment if the information received in the investigation is considered unfavorable by APA Services. Any offer of employment by APA Services is subject to and conditioned upon APA Services review of such information.

Criminal History

Have you ever been CONVICTED of a FELONY? Yes [] No []

If yes, please check the applicable boxes below.

- Forgery of certificates
False marking of aircraft and other registration violations
Interference with air navigation
Improper transportation of a hazardous material
Aircraft piracy
Interference with flight crew members or flight attendants
Commission of certain crimes aboard aircraft in flight
Carrying a weapon or explosive aboard an aircraft
Conveying false information or threats
Aircraft piracy outside the special jurisdiction of the U.S.
Lighting violation involving transporting controlled substances
Unlawful entry into an aircraft or airport area that serves air carriers of established security requirements
Destruction of an aircraft or aircraft facility
Other:
Murder
Assault with intent to murder
Espionage
Sedition
Treason
Kidnapping or hostage taking
Rape or aggravated sexual abuse
Distribution of, or intent to distribute a controlled substance
Extortion
Armed robbery
Felony arson
Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon
Conspiracy or attempt to commit any of the aforementioned criminal acts

I certify that the information given concerning my previous employment/enrollment is true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts may result in rejection of my application or discharge from employment.

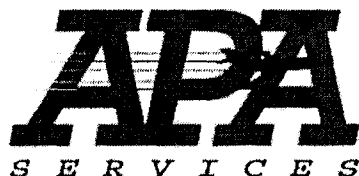
I have read the release and consent form and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature

Printed Name

SSN

Date



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APPLICANT AUTHORIZATION TO
RELEASE DRUG AND ALCOHOL TESTING

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Name: Employee SSN:

Have you (employee) tested positive, or refused to test, on any pre-employment drug or alcohol test (administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules) during the past two (2) years?

() YES () NO

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

- 1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: Date:

APPLICANTS MUST LIST ALL PREVIOUS EMPLOYERS THAT HAVE TESTED THEM FOR DRUG/ALCOHOL

Table with 4 columns: COMPANY NAME, ADDRESS, PHONE #, DATES EMPLOYED

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
2. Did the employee have verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A ___ YES ___ NO ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Name of person providing information in Section II-A (Please Print):

Signature: Company Name:

Title: Phone#: Date:



A-Protechnical Aerospace Services, Inc.
 4150 International Plaza Suite 510
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 Phone: 877-425-5023 Fax: 800-285-8879

EMPLOYMENT VERIFICATION REQUEST AND RELEASE

To Whom It May Concern:

I have recently submitted an Application for Employment with APA Services. An F.A.A. background investigation is required for the position. Please respond to the below verification of service. I hereby authorize your company representative to provide any information you may have regarding my performance and character. Thank you.

Signature: _____

Date: _____

Section I: TO BE FILLED OUT BY EMPLOYEE.

Last Name	First name	M.I.	Social Security Number
Job Title			

Section II: TO BE FILLED OUT BY PREVIOUS EMPLOYER.

**EMPLOYMENT REFERENCE VERIFICATION
 YOUR COMMENTS WILL BE KEPT CONFIDENTIAL**

Employed From	To	Rate of Pay	Eligible for Rehire
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving			
Company Name			
Company Representative Completing Form		Title	
Phone Number		Date	
Company Address			

Once complete, please fax this form back to (800) 285-8879.



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BACKGROUND CHECK INFORMATION

Full Name _____

SSN _____

Date of Birth _____

It is a requirement by the FAA that we have your last **ten (10) years of background history on file** at our office. The most recent five (5) to seven (7) years of which will have to be verified by phone, fax or in writing, so please be thorough.

- Please list all employers from the most recent back to ten (10) years. Be sure there are **NO GAPS** that are unaccounted for.
- If there is a period of unemployment, please use space to indicate the days you were unemployed. Any periods of unemployment, during the most recent five (5) year period (more than 30 days and under 11 months), must be verified with a personal reference. Any periods of unemployment during the most recent five years that are greater than 11 months must be verified with appropriate documentation.
- Use a space for any military time, and enclose a copy of your DD FORM 214 verifying the appropriate dates.
- **If you were a contractor, it is very important that you list the company you were contracting with.**

We need employment information for the last 10 years. Please include all contract work.

Most Recent Employer: *Friend & Number

Company Name:		From: / /		To: / /	
Address:		City:		State:	
Address:		City:		Zip:	
Phone Number:			Supervisor:		
CONTRACT COMPANY:					
Address:		City:		State:	
Address:		City:		Zip:	
Phone Number:			Recruiter:		

Previous Employers or Periods of Unemployment:

Company Name:		From: / / To: / /	
Address:	City:	State:	Zip:
Phone Number:		Supervisor:	
CONTRACT COMPANY:			
Address:	City:	State:	Zip:
Phone Number:		Recruiter:	

Company Name:		From: / / To: / /	
Address:	City:	State:	Zip:
Phone Number:		Supervisor:	
CONTRACT COMPANY:			
Address:	City:	State:	Zip:
Phone Number:		Recruiter:	

Company Name:		From: / / To: / /	
Address:	City:	State:	Zip:
Phone Number:		Supervisor:	
CONTRACT COMPANY:			
Address:	City:	State:	Zip:
Phone Number:		Recruiter:	

Company Name:		From: / / To: / /	
Address:	City:	State:	Zip:
Phone Number:		Supervisor:	
CONTRACT COMPANY:			
Address:	City:	State:	Zip:
Phone Number:		Recruiter:	

Company Name:		From: / / To: / /	
Address:	City:	State:	Zip:
Phone Number:		Supervisor:	
CONTRACT COMPANY:			
Address:	City:	State:	Zip:
Phone Number:		Recruiter:	

Company Name:		From: / / To: / /	
Address:	City:	State:	Zip:
Phone Number:		Supervisor:	
CONTRACT COMPANY:			
Address:	City:	State:	Zip:
Phone Number:		Recruiter:	

Company Name:		From: / / To: / /	
Address:	City:	State:	Zip:
Phone Number:		Supervisor:	
CONTRACT COMPANY:			
Address:	City:	State:	Zip:
Phone Number:		Recruiter:	

Company Name:		From: / / To: / /	
Address:	City:	State:	Zip:
Phone Number:		Supervisor:	
CONTRACT COMPANY:			
Address:	City:	State:	Zip:
Phone Number:		Recruiter:	

Company Name:		From: / / To: / /	
Address:	City:	State:	Zip:
Phone Number:		Supervisor:	
CONTRACT COMPANY:			
Address:	City:	State:	Zip:
Phone Number:		Recruiter:	