



1111 Stanley Drive
 Euless, TX 76040
 tel 817.354.4144
 fax 817.354.1667



Date

please fill out and print

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Last Name First Name MI

Address Apt No

City State ZIP Code

Phone E-mail

Date Available Social Security Desired Salary

Position Applied for

Are you a citizen of the United States? yes no

Have you ever been convicted of a felony? yes no

If no, are you authorized to work in the U.S.? yes no

If yes, explain

Have you ever worked for this company? yes no

If yes, when?

EDUCATION

High School From To

Address

Did you graduate? yes no Diploma

Collage From To

Address

Did you graduate? yes no Degree

Other From To

Address

Did you graduate? yes no Degree

PROFESSIONAL REFERENCES

Full Name Relationship
Company Phone
Address

Full Name Relationship
Company Phone
Address

Full Name Relationship
Company Phone
Address

PREVIOUS EMPLOYMENT

Company Phone
Address Supervisor
Job Title Starting Salary Ending Salary
Responsibilities
Start Date End Date Reason for Leaving

May we contact your previous supervisor for a reference? yes no

Company Phone
Address Supervisor
Job Title Starting Salary Ending Salary
Responsibilities
Start Date End Date Reason for Leaving

May we contact your previous supervisor for a reference? yes no

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Drug and Alcohol Testing Notification

ACP complies with the drug and alcohol testing regulations of the Department of Transportation (DOT) (49 CFR part 40) and the Federal Aviation Administration (FAA) (14 CFR part 120).

All persons performing any of the safety-sensitive functions are subject to the DOT/FAA drug and alcohol testing program.

Each APPLICANT will undergo a Pre-Employment drug test to determine **the presence of marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines, or a metabolite of those drugs in the individual's system.**

Upon successfully passing the drug test every person employed at ACP in a safety-sensitive functions will be subject to random drug and alcohol testing.

“Any employee who tests positive on a drug or alcohol test, or refuses to submit to testing, will be terminated.”

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand by signing this document that I am agreeing to subject myself to both pre-employment and random drug and alcohol testing throughout my employment

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date