

Manager Use ONLY - Station Code: _____ Conditional Job Offer Date ____/____/____ Pay Rate: _____
 DOH ____/____/____ Position: _____ Employee Number: _____

NOTICE TO APPLICANTS

Prior to being granted access to secure areas within the airport facility, an FBI fingerprint based criminal records check must be performed. Please provide complete and accurate information regarding your residences for the past five (5) years and your employment history for the past ten (10) years. Failure to clear a background investigation or obtain security clearance from an airport or the U.S. Postal Service is grounds for termination.

DAL Global Services is an equal opportunity employer and does not discriminate against applicants or employees in hiring, job assignment, promotion, discharge or other conditions of employment on the basis of an individual's race, color, sex, pregnancy, age, disability, marital status, sexual orientation, religion, national origin, alienage, citizenship status, or arrest record. DAL Global Services also strictly prohibits sexual harassment and all other forms of harassment in the workplace.

Please do not send photographs, videos, resumes, letters, or any other material or documents with your application. Any such materials or documents submitted with the application will not be reviewed by DAL Global Services and will be discarded. This is NOT an application for employment with Delta Air Lines, Inc. (Delta).

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER:		POSITION APPLIED FOR:	
LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIDEN NAME/ ALIAS
CURRENT STREET ADDRESS		UNIT/ APARTMENT NUMBER	PHONE NUMBER(S) Home: Cell:
CITY	STATE	ZIP CODE	AT PRESENT ADDRESS SINCE: Date:

PRIOR RESIDENCE INFORMATION

Minimum last 5 years – If additional space is required, please continue on an additional sheet of paper.

PREVIOUS STREET ADDRESS	CITY	STATE	ZIP CODE	FROM ____/____/____ TO ____/____/____
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP CODE	FROM ____/____/____ TO ____/____/____
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP CODE	FROM ____/____/____ TO ____/____/____
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP CODE	FROM ____/____/____ TO ____/____/____

How did you hear about DGS? Newspaper DGS Employee (name): _____ Other: _____

Return completed application to local DAL Global Services station manager or mail to: DAL Global Services, Human Resources Department, 980 Virginia Avenue, Suite 400, Atlanta, Georgia 30354

This application is NOT to be sold.

GENERAL INFORMATION

Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you legally eligible to remain and work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you lived in the United States exclusively for all of the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of work desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> On-Call	Are you willing to work rotating shifts? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you willing to work nights, weekends, and holidays? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever completed an application with DAL Global Services before? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	Have you ever been interviewed by DAL Global Services before? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Where: _____	Have you ever been employed by DAL Global Services before? If yes, list dates. Yes <input type="checkbox"/> No <input type="checkbox"/> Dates: _____
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, in what state was it issued? State: _____ Expiration date: _____ List any restrictions: _____	HAS ANY DRIVER'S LICENSE YOU NOW HOLD OR PREVIOUSLY HELD EVER BEEN SUSPENDED OR REVOKED FOR ANY LENGTH OF TIME FOR ANY REASON? If yes, state below when, where, and why for each suspension or revocation, include county and state. Yes <input type="checkbox"/> No <input type="checkbox"/>	

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY, MISDEMEANOR, INFRACTION, OR ANY VIOLATION OF THE LAW? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain below. A "Yes" will not necessarily disqualify you from consideration for employment.	Have you ever been in the military? If yes, what branch? Yes <input type="checkbox"/> No <input type="checkbox"/> Branch: _____ Type of discharge: _____ Dates of service: _____			
Have you ever been convicted of:	Driving under the influence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Driving while intoxicated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Driving while impaired? Yes <input type="checkbox"/> No <input type="checkbox"/>	Other moving violations? Yes <input type="checkbox"/> No <input type="checkbox"/>

If any of the answers above concerning conviction for violation of the law are "Yes", list details in the spaces below. The ONLY violations that may be excluded from this listing are parking violations. A conviction record will not necessarily disqualify you from consideration for employment. If additional space is required, please continue on an additional sheet of paper. Note: Entering a "Nolo", "Nolo Contendere", or "No Contest" plea does not necessarily mean that a conviction did not occur.

Violation:	City:	County:	State:	Date:	Disposition:

How many traffic accidents have you had while driving in the last five (5) years? _____
Have you ever received any discipline, written or otherwise, including any letters of warning, or have you ever been suspended, dismissed, terminated or asked to resign from any previous job? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, from whom, when, and why? _____

EDUCATIONAL HISTORY

Please list ALL schools, colleges, and/or training programs. Begin with the most recent education first.

Name and Address of School	Course Description/ Degree	Did You Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and Address of School	Course Description/ Degree	Did You Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and Address of School	Course Description/ Degree	Did You Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and Address of School	Course Description/ Degree	Did You Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>

Licenses, certification, foreign language, computer skills or other skills: _____

EMPLOYMENT HISTORY – COMPLETE LAST 10 YEAR HISTORY

In order to be considered for employment, you must list below in chronological order your complete work history starting with your present/previous employer and going back a minimum of ten (10) years. **Include ALL employers (full-time, part-time, temporary, self-employment). Also include unemployment, schools attended, and military service to complete the full ten (10) years of history.** If you were unemployed during any period in this history, state "Unemployed" and provide the applicable dates. Education/military service must be listed in this area even if it is listed on the previous page if it occurred within the last ten (10) years. If additional space is needed, please ask for another page. All employment must be on this form.

Dates: From: ____/____/____ mm/yy To: ____/____/____ mm/yy	Employer	Position and Duties	Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Address:	Supervisor:	
	City/State/Zip	Reason for leaving:	
	Telephone Number:	Starting Pay: Ending Pay:	
Dates: From: ____/____/____ mm/yy To: ____/____/____ mm/yy	Employer	Position and Duties	Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Address:	Supervisor:	
	City/State/Zip	Reason for leaving:	
	Telephone Number:	Starting Pay: Ending Pay:	
Dates: From: ____/____/____ mm/yy To: ____/____/____ mm/yy	Employer	Position and Duties	Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Address:	Supervisor:	
	City/State/Zip	Reason for leaving:	
	Telephone Number:	Starting Pay: Ending Pay:	
Dates: From: ____/____/____ mm/yy To: ____/____/____ mm/yy	Employer	Position and Duties	Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Address:	Supervisor:	
	City/State/Zip	Reason for leaving:	
	Telephone Number:	Starting Pay: Ending Pay:	
Dates: From: ____/____/____ mm/yy To: ____/____/____ mm/yy	Employer	Position and Duties	Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Address:	Supervisor:	
	City/State/Zip	Reason for leaving:	
	Telephone Number:	Starting Pay: Ending Pay:	

IMPORTANT: Please read the following information carefully. It defines your employment relationship with DAL Global Services ("Company"). Do not sign and submit this application without reading this information.

If I am employed, in consideration of my employment and the compensation paid therefore, I agree to the following:

At any time in the future whether during or after my employment, upon request of any party or any surety, Company may furnish reports and information relative to my record and services with and for Company. Further, I authorize any school or former employer to disclose to the Company upon request any information they may have as to my record, performance or attendance, and will hold such schools and employers harmless for such disclosure. I understand that this application becomes void after 60 days.

In consideration of my employment, I will submit to a drug screening to detect the presence of alcohol and/or illegal drugs as listed below. By accepting an offer of employment, I also agree to submit to a test at times lawfully prescribed by the Company during employment to determine the presence of alcohol, the presence without a prescription of any substance which is controlled in the United States, or for these illegal drugs: Marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines or a metabolite of these drugs in my system.

The Company, its successors and assigns, and any person or entity designated by it, may use, copy, publish, and otherwise exploit all photographs, videotapes, and other likenesses made of me at any time, whether before, during, or after termination of my employment, including altering or adding to the same publication advertising, testimonials, or otherwise, and including any and all commercial use thereof whatsoever, whether with or without the use of my name, all without compensation to me.

Any and all inventions, trade secrets or original works of authorship in any way relating to business of the character now or hereafter carried on or actually or demonstrably anticipated by Company, and improvements of any such inventions or discoveries, whether now known to me or discovered, created, conceived, made, reduced to practice, or acquired by me individually, or jointly with others, created during the term of my employment, shall immediately become absolute property of Company, and shall be disclosed fully to Company. I further agree to make application for such patents or copyrights thereon, or related legal protection, as Company may consider desirable, and to sign and execute any and all papers incident to the filing, prosecution and protection of such patents, copyrights, or related matters; Company, however, is to bear the cost and expenses incident thereto. Without further consideration, I will assign all my rights, titles and interests in such inventions, trade secrets, works, patents, copyrights, or related legal protection in any and all foreign countries as Company may select. I will at any and all times cooperate with Company in the prosecution and/or defense of any litigation which may arise in connection with any of the foregoing. No termination or cancellation of this agreement or my employment will relieve me of any of the above-stated obligations.

The Company is subject to and is operating under workers' compensation law, and that in case of injury, I will accept compensation as provided by said law, where applicable, and hereby waive any and all claims for damages or other relief on account of any injury, including all actions at law.

In order for Company to comply with FAA regulation concerning the authorization of personnel for security identification display areas and U.S. Postal Service regulations regarding access to U.S. mail, I will provide my complete address history for the past five (5) years and my complete work history for the past ten (10) years and will specifically include all periods of employment/education/military service/unemployment. I understand that fingerprint based criminal records check is required if I am employed in a position which requires me to have access to security identification display areas and/or handle United States mail. I also understand that Company will also conduct criminal records and Motor Vehicle Records (MVR) checks. I further understand that individuals assigned to positions requiring access to security identification display areas will not be permitted to work in those areas if they have been convicted of any of the following crimes: forgery of certificates, false marking of aircraft and other aircraft registration violations, interference with navigation, improper transportation of a hazardous material, aircraft piracy, interference with flight crew members or flight attendants, carrying a weapon or explosive onboard an aircraft, conveying false information and threats, aircraft piracy outside the special aircraft jurisdiction of the United States, lighting violations involving transporting controlled substances, unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements, destruction of an aircraft or aircraft facility, murder, assault with intent to murder, espionage, sedition, kidnapping or hostage taking, treason, rape or aggravated sexual abuse, unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon, extortion, armed robbery, distribution of, or intent to distribute, a controlled substance, felony arson, felony armed robbery, felony involving a threat, any felony involving willful destruction of property, importation or manufacture of a controlled substance, burglary, theft, dishonesty, fraud, or misrepresentation, possession or distribution of stolen property, aggravated assault, bribery, illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one year, conspiracy or attempt to commit any of the criminal acts listed here.

If I am disabled or a disabled veteran or veteran of the Vietnam Era, I may, if I desire, identify myself to Company at any time. Submission of this information is voluntary and refusal to provide it will not subject me to any adverse treatment. My comments will be used only in accordance with Section 503 of the Rehabilitation Act of 1973 (the "Act") and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 and related regulations, and will be kept confidential except that (1) Supervisors and Managers may be informed, regarding restrictions to the work and duties of disabled individuals, and regarding any reasonable accommodations to be provided; (2) First Aid and Safety Personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; (3) Administrative Personnel necessary to record and file the information may be informed; and (4) Government Officials investigating compliance with the Act shall be informed. Under the Americans With Disabilities Act, I have the right to identify myself as being an individual with a disability and to request reasonable accommodation. My right to identify myself as disabled and to request reasonable accommodation is protected by the Americans With Disabilities Act.

In consideration of my employment, I agree to conform to the Company's rules and regulations, including those contained in Company's Employee Handbook, which may be amended from time to time. I also agree to comply with all applicable local, state, and federal laws and regulations that relate to my assigned job duties, and agree that I will be personally responsible for paying any sanctions, fines or penalties issued against me or because of my actions by any local, state or federal agency for failing to comply with such laws and regulations. I also understand and agree that my employment with Company is for an indefinite period of time, and may be terminated at will, by me or by Company, without notice and for any reason and without liability whatsoever. I further understand that there are no express or implied agreements to the contrary. I also understand that no Company supervisory or management personnel or any Company employee other than the President is authorized to amend or modify these terms of employment and that any such amendment or modification must be made in writing by this individual.

By signing below, I agree that I have reviewed the information provided by me in this application and that the information provided by me is true and accurate. I understand that in the exercise of Company's right to terminate my employment at will, my employment will be terminated if the Company determines that I have withheld, omitted, misrepresented or falsified any information requested in this application.

Dated: _____ Applicant Signature (in ink): _____

Interviewed by:	Date:	Recommended: Yes <input type="checkbox"/> No <input type="checkbox"/>
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EMPLOYMENT INFORMATION

NAME: _____
(Last) (First) (Middle)

NICKNAME(S) OR ALIAS(ES): _____

SOCIAL SECURITY #: _____

NOTE: Applicants will be subject to an employment history verification and criminal history records check.

Have you been convicted of or found not guilty by reason of insanity of any of the following crimes?

Please check yes or no:

<u>Yes</u>	<u>No</u>		
<input type="checkbox"/>	<input type="checkbox"/>	Forgery of certificates, false marking of aircraft and other aircraft registration violations	
<input type="checkbox"/>	<input type="checkbox"/>	Interference with air navigation	
<input type="checkbox"/>	<input type="checkbox"/>	Improper transportation of a hazardous material	
<input type="checkbox"/>	<input type="checkbox"/>	Aircraft piracy	
<input type="checkbox"/>	<input type="checkbox"/>	Interference with flight crew members or flight attendants	
<input type="checkbox"/>	<input type="checkbox"/>	Commission of certain crimes aboard an aircraft in flight	
<input type="checkbox"/>	<input type="checkbox"/>	Carrying a weapon or explosive aboard an aircraft	
<input type="checkbox"/>	<input type="checkbox"/>	Conveying false information and threats	
<input type="checkbox"/>	<input type="checkbox"/>	Aircraft piracy outside the special aircraft jurisdiction of the U.S.	
<input type="checkbox"/>	<input type="checkbox"/>	Lighting violations involving transporting controlled substances	
<input type="checkbox"/>	<input type="checkbox"/>	Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements	
<input type="checkbox"/>	<input type="checkbox"/>	Destruction of an aircraft or aircraft facility	
<input type="checkbox"/>	<input type="checkbox"/>	Murder	
<input type="checkbox"/>	<input type="checkbox"/>	Assault with intent to murder	
<input type="checkbox"/>	<input type="checkbox"/>	Espionage	
<input type="checkbox"/>	<input type="checkbox"/>	Sedition	
<input type="checkbox"/>	<input type="checkbox"/>	Kidnapping or hostage taking	
<input type="checkbox"/>	<input type="checkbox"/>	Treason	
<input type="checkbox"/>	<input type="checkbox"/>	Rape or aggravated sexual abuse	
<input type="checkbox"/>	<input type="checkbox"/>	Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon	
<input type="checkbox"/>	<input type="checkbox"/>	Extortion	
<input type="checkbox"/>	<input type="checkbox"/>	Armed robbery	
<input type="checkbox"/>	<input type="checkbox"/>	Distribution of, or intent to distribute, a controlled substance	
<input type="checkbox"/>	<input type="checkbox"/>	Felony arson	
<input type="checkbox"/>	<input type="checkbox"/>	Felony unarmed robbery	
<input type="checkbox"/>	<input type="checkbox"/>	Felony involving a threat	
<input type="checkbox"/>	<input type="checkbox"/>	Violence at international airports	
	<u>Yes</u>	<u>No</u>	
	<input type="checkbox"/>	<input type="checkbox"/>	Any felony involving:
	<input type="checkbox"/>	<input type="checkbox"/>	Willful destruction of property
	<input type="checkbox"/>	<input type="checkbox"/>	Importation or manufacture of a controlled substance
	<input type="checkbox"/>	<input type="checkbox"/>	Burglary
	<input type="checkbox"/>	<input type="checkbox"/>	Theft
	<input type="checkbox"/>	<input type="checkbox"/>	Dishonesty, fraud, or misrepresentation
	<input type="checkbox"/>	<input type="checkbox"/>	Possession or distribution of stolen property
	<input type="checkbox"/>	<input type="checkbox"/>	Aggravated assault
	<input type="checkbox"/>	<input type="checkbox"/>	Bribery
	<input type="checkbox"/>	<input type="checkbox"/>	Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.
<u>Yes</u>	<u>No</u>		
<input type="checkbox"/>	<input type="checkbox"/>	Conspiracy or attempt to commit any of the criminal acts listed above	

Employee Signature: _____ Date: _____

CONFIDENTIAL Self-identification Questionnaire for DAL Global Services

Please print

TO APPLICANT: DAL Global Services is required by Executive Order 11246 to collect and maintain certain information about applicants. To assist in meeting this requirement, you are asked to provide the information requested below. Completion is voluntary and failure to supply the requested information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment. This questionnaire will be separated from your application before your application is considered for employment. None of the information on the questionnaire will be used in making any hiring decision. The information obtained will be kept strictly confidential and will not be disclosed to others except for the above stated purposes, and then only if necessary.

Name: _____ Social Security Number: ____/____/____
Last Name First Name Middle Initial

Position applied for: _____ Date of Application: ____/____/____

Do you wish to provide the information requested below? Yes No

NOTE: If you do not wish to provide the information requested below, please complete the identifying information above, sign and date this form below and return this questionnaire with your application.

Please check the appropriate gender: _____ Male _____ Female

Please check one of the boxes below to indicate your race/ethnic definition:	The following definitions may assist you in answering the question:
<input type="checkbox"/> Hispanic or Latino	All persons of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> White (Not of Hispanic or Latino origin)	All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/> Black or African American (Not of Hispanic or Latino origin)	All persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not of Hispanic or Latino origin)	All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Asian (Not of Hispanic or Latino origin)	All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> American Indian or Alaska Native (Not of Hispanic or Latino origin)	All persons having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
<input type="checkbox"/> Two or More Races (Not of Hispanic or Latino origin)	All persons who identify with more than one of the above races.

Signature: _____

Date: _____