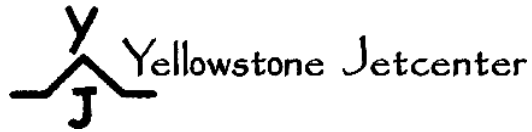


EMPLOYMENT APPLICATION

The following information is requested in order to help us make the best possible placement within the Company. All portions of this application pertaining to you must be completed. We appreciate the time you spend completing this application form. This Company is an equal employment opportunity employer that does not discriminate on the basis of age, race, citizenship, veteran's status, religion, color, sex, national origin, marital status, disability or any other characteristics protected by federal, state, or local rule, law, or regulation.

PERSONAL INFORMATION				
Name:	<div style="display: flex; justify-content: space-between;"> Last First Middle </div>	Social Security #:	<i>EMAIL ADDRESS:</i> _____	
Address:	<div style="display: flex; justify-content: space-between;"> Street City State Zip Code </div>			
Telephone Number (Home):	_____	(Work):	_____	
If any of your employment has been under a different name, please indicate: _____				
EMPLOYMENT INFORMATION				
Position applied for or desired: _____				
Are you available to work: Full-Time: <input type="checkbox"/> Part-Time: <input type="checkbox"/> If part-time, please specify: _____				
Wage/Salary Expected: _____				
Have you previously applied to this Company? _____				
How were you referred to the Company? _____				
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Should your application be considered favorably, what date will you be able to begin work? _____				
Have you ever been convicted of a crime or violation other than a traffic infraction? (A conviction record will not necessarily be a bar to employment factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account).				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe: _____				
EDUCATION				
	Name & Location	Major	Yrs. Completed	Degree
High School				
College				
College				
Business / Technical				
Other				
Affiliation to Professional or Technical Societies		Additional Professional or Technical Certificates		



PREVIOUS EMPLOYERS (List Most Current Position First)

Name of Employer: _____ Dates From: _____ to: _____

Employer Address: _____

Position Held: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Manager: _____ Telephone Number: _____

Reason for Leaving: _____

PREVIOUS EMPLOYERS (List Most Current Position First)

Name of Employer: _____ Dates From: _____ to: _____

Employer Address: _____

Position Held: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Manager: _____ Telephone Number: _____

Reason for Leaving: _____

PREVIOUS EMPLOYERS (List Most Current Position First)

Name of Employer: _____ Dates From: _____ to: _____

Employer Address: _____

Position Held: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

Manager: _____ Telephone Number: _____

Reason for Leaving: _____

EMPLOYMENT, PROFESSIONAL, and/or ACADEMIC REFERENCES

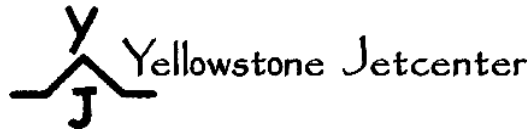
Reference Name & Relationship	Organization Where Employed	Yrs. Known	Address & Telephone No.

UNITED STATES MILITARY SERVICE

Service Dates: From: _____ To: _____ Branch: _____

Rank at Discharge or Separation: _____ Date of Separation: _____

Present Status: Active Duty: Reserve Status:



I have read and fully understand the questions asked in this application and the provisions outlined below. I certify that all answers given by me are true, accurate, and complete, and I understand that the omission or misrepresentation of any fact from this application or during any interview will be cause for immediate dismissal.

I hereby authorize Yellowstone Jet Center to obtain reference information such as information about criminal record, educational history, military service, and former employment. I acknowledge that any offer of employment and subsequent employment is conditional upon satisfactory reference checks. I acknowledge that, if employed, additional reference information may be requested and obtained during my employment without notice to me. In addition, I give my consent for all persons, including my former employers, to provide information concerning this application, and I release each such person from liability for providing information to the Company and the Company from any liability incurred from reacting upon the reference information.

I understand that the Company's offers of employment are limited to those contained in written offer letters to prospective employees. I also understand that my verbal discussions of terms or conditions of employment by company representatives are not binding upon the Company unless confirmed in such offer letters.

I also understand that if employed by the Company, my employment is contingent upon my signing a statement indicating my understanding of, and willingness to comply with, the Company's Inside Information Policy and Non-Disclosure Agreement.

Furthermore, I understand that if employed, my employment does not promise or guarantee that my employment will continue for any specific period of time. I understand that if employed I shall undergo and introductory period of 180 days in order to be evaluated for my eligibility to become a full or part time employee.

The Company and/or all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

Pursuant to the Immigration Reform and Control Act of 1990, all applicants, upon being made and offer of employment, must produce documents, which are specified by the federal government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than 72 hours after commencement of employment. You also will be required to sign form I-9 (issued by the federal government) verifying, under oath, your employment authorization. I acknowledge that this verification is a condition of employment and that failure to comply will void my offer of employment.

Signature of Applicant

Date