



Application for Employment

Allegiant Air is an Equal Employment Opportunity Employer

General Information

All information provided by the applicant is subject to verification. Failure to provide complete information may result in denial of your application. Please type or print clearly using black or dark blue ink only. If you need additional space for any section of this application, attach separate sheets of paper, clearly labeled, as necessary. Make certain all required attachments to this application are present when you submit it. Incomplete applications that are pending additional information will not be considered until all information and attachments are received. Information provided in this application will be kept confidential unless the applicant consents otherwise. Providing false information on this application is a violation of State and Federal laws.

DATE: _____

Applicant's Full Name: _____

Social Security Number: _____

Last First Mi (Any other name(s) used)

Current Mailing Address: _____

Street & Number City State Zip Code

Telephone Number(s): Day (____) _____ Evening (____) _____ Cell (____) _____

Email Address: _____

Position(s) Applying for: (Please check all that apply.)

- Customer Service Agent
- Flight Crewmember
- Ground Operations/Aircraft Cleaning
- Reservations Agent
- Dispatcher
- Flight Attendant
- Crew Scheduler
- Administrative Support
- Maintenance Technician
- Other _____

Shift Preferred: Full Time Part Time Intern/Temporary **Are you willing to work flexible hours?** YES NO

Please indicate days/hours of availability: _____

How soon would you be available? _____ **Are you willing to relocate?** _____

How did you hear about us? Employee Referral - referred by: _____

School Allegiant Air website Newspaper: _____

Other: _____

At least 18* years of age? YES NO ***Flight Attendant: At least 21 years of age?** YES NO

Have you been previously employed by Allegiant Air? NO YES – Dates: _____

Department: _____ Position: _____ Supervisor: _____

- If hired, can you provide citizenship or the legal right to work in the United States? YES NO
Employment is contingent upon evidence of identity and eligibility.
- Have you ever been convicted of a felony in the United States? YES NO
If YES, attach a detailed explanation of the conviction and any subsequent time spent in jail or prison. (Answering YES to this question does not necessarily exclude you from consideration for the position(s) applied for.)
- Have you ever been convicted of Driving While under the Influence of Alcohol or Under the Influence of a Controlled Substance? YES NO
If YES, attach a detailed explanation of the conviction. (Answering YES to this question does not necessarily exclude you from consideration for the position applied for.)

Education

- Please note that, prior to any offer of employment being made, you may be requested to provide copies of your school diploma(s), certificate(s), and/or transcripts.

College/University:

Major Subject

Graduated?

YES NO

City **State**

High School:

Major Subject

Graduated?

YES NO

City **State**

Technical/Special School(s):

Major Subject

Graduated?

YES NO

City **State**

Special Skills / Knowledge

List any special skills/knowledge/training that you consider relevant to your employment qualifications (e.g. professional or trade licensing or certification relative to your field of work; computer hardware / software knowledge, familiarity with various office or mechanical equipment).

Language Ability: Please indicate any language(s) in which you are proficient enough to use at work:

English <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Speak Read Write	Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Speak Read Write	Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Speak Read Write	
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Applicant Acknowledgement of Company Drug Testing

As a condition of employment with this Company, I understand that, in accordance with the FAA Anti-Drug Testing Program and the Allegiant Company Policy, I will be required to take a pre-employment drug test. The Company must receive a negative result from this testing prior to the completion of my employment process.

The anti-drug program requires urine testing for the following five specific drugs – marijuana, cocaine, opiates, amphetamines, and PCP. If hired, I further understand that I will be part of the Company's ongoing Drug/Alcohol Misuse testing program which includes random, reasonable suspicion, post accident, return to duty and follow-up testing.

The Alcohol Misuse Prevention Program requires evidential breath testing (EBT) conducted by qualified technicians on approved testing equipment.

If I either refuse to cooperate with the mandatory FAA Anti-Drug/Alcohol Misuse testing program as implemented by Allegiant Air, or if I have a verified positive drug test reported to the Company after the careful review of the Medical Review Officer, I understand that I will not be considered for employment.

Applicant Name (*please print*)

Applicant Signature

Date

10 Year Employment / Background History

Federal Law requires that personnel considered for certain airline duties are subject to a **full 10-year employment history verification** and possibly a criminal records check.

- Employment / background history **must** be listed for the previous ten (10) years, including all gaps of unemployment. (Use an extra piece of paper if necessary.)
- **All** unemployment gaps of **two (2) consecutive months or more** during this 10-year period require *published* verification. (Examples: unemployment records/receipts, official school records, medical records.)
- A fingerprint-based criminal records check may be necessary for certain job classifications, and/or:
 - 1) If any 12 month period of unemployment cannot be satisfactorily accounted for.
 - 2) If the applicant is unable to support statements made, or there are significant inconsistencies in the information provided with regard to gaps in employment and information obtained through the verification process.

Current (or most recent) Employer: Supervisor's Name:	Address/Telephone:	Employment Dates: From: To:	Position Held:	Reason for leaving: May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer: Supervisor's Name:	Address/Telephone:	Employment Dates: From: To:	Position Held:	Reason for leaving:
Employer: Supervisor's Name:	Address/Telephone:	Employment Dates: From: To:	Position Held:	Reason for leaving:
Employer: Supervisor's Name:	Address/Telephone:	Employment Dates: From: To:	Position Held:	Reason for leaving:
Employer: Supervisor's Name:	Address/Telephone:	Employment Dates: From: To:	Position Held:	Reason for leaving:

I certify that all information which I have given is true, and I understand that any misrepresentation or omission of facts called for in this form is grounds for any employment offer made to be rescinded, or any employment or training already underway to be terminated immediately.

No person shall be denied employment consideration on the basis of race, color, ethnicity, national origin, sex/gender, religion, creed, age, sexual orientation, marital status, veteran status, or disability. I am fully aware that, if employed, I will be an **AT WILL** employee. Either the Company or I may end my employment with or without notice, and with or without cause at any time.

Applicant Signature

Date

APPLICANT QUESTIONNAIRE

PREVIOUS DRUG & ALCOHOL TESTING INFORMATION

Applicants must answer the following questions. Please respond by circling Yes or No after each of the following questions. These questions are required by US Department of Transportation Regulation 49 CFR Part 40.

In the Past Two Years:

1. Have you had any DOT required alcohol test with a result of 0.04 or higher alcohol concentration? Yes / No
2. Have you had any verified (by MRO) positive DOT required drug/alcohol tests? Yes / No
3. Have you refused to be tested (including having a verified adulterated or substituted drug test result)? Yes / No
4. Have you had any other violation of a DOT agency drug or alcohol testing regulation? Yes / No
5. Were there any situations in which you tested positive on a pre-employment test for a DOT employer that did not hire you? Yes / No
6. Were there any situations in which you refused to submit (including any adulterated or substituted finding) to a pre-employment test for a DOT employer that did not hire you? Yes / No

I certify that my responses to the above questions are true:

Signature: _____ Date: _____

Print Name: _____ SSN: _____



Disqualifying Crimes Listing

- 1. Forgery of certificates, false marking of aircraft, and other aircraft registration violations.
2. Interference with air navigation.
3. Improper transportation of a hazardous material.
4. Aircraft piracy.
5. Interference with flight crew or flight attendants.
6. Commission of certain crimes aboard an aircraft in flight.
7. Carrying a weapon or explosive on board an aircraft.
8. Conveying false information and threats.
9. Aircraft piracy outside the special aircraft jurisdiction of the United States.
10. Lighting violation involving transporting controlled substances.
11. Unlawful entry into an aircraft or airport area that serves air carriers.
12. Destruction of an aircraft or aircraft facility.
13. Murder.
14. Assault with intent to murder.
15. Espionage.
16. Sedition. (Resistance or rebellion against the government in power.)
17. Kidnapping or hostage taking.
18. Treason.
19. Rape or aggravated sexual abuse.
20. Unlawful possession, use, sale, or distribution, or manufacture of an explosive or weapon.
21. Extortion.
22. Armed or felony unarmed robbery.
23. Distribution of, or intent to distribute, a controlled substance.
24. Felony arson.
25. Felony involving a threat.
26. 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, or illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.
27. Violence at international airports.
28. Conspiracy or attempt to commit any of the aforementioned criminal acts.

CANDIDATE ACKNOWLEDGEMENT

I certify that I have not been convicted, or declared not guilty by reason of insanity, of any disqualifying criminal offense, in any jurisdiction in the past 10 years. I understand that a knowing and willful false statement on this application can be punished by fine or imprisonment or both. (See section 1001 of Title 18 United States Code.)

I am aware that Federal regulations under 49 CFR 1544.229 impose a continuing obligation to disclose to the aircraft operator within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have authority to perform a covered function or while I have unescorted access authority.

Applicant's Last Name (PRINT)

First Name (PRINT)

Middle Name

Applicant's Signature

Date