



AIRCRAFT TECHNICIANS, INC.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____

FAA 10-YEAR BACKGROUND VERIFICATION

PER FAA REGULATIONS YOU MUST FURNISH THE FOLLOWING INFORMATION:

- 1-) COPY OF DOCUMENTS THAT ESTABLISH BOTH: IDENTITY & EMPLOYMENT ELIGIBILITY (I/A/W FORM I-9 Rev. 11-21-91, page 3)
- 2-) COPY OF YOUR A & P AND/OR FCC LICENSE (IF APPLICABLE).
- 3-) TEN YEARS EMPLOYMENT HISTORY. (IF THERE ARE GAPS OF 30 DAYS OR MORE BETWEEN ANY TWO JOBS, YOU MUST FURNISH REFERENCES OR DOCUMENTATION FOR THAT TIME PERIOD).

EMPLOYEE INFORMATION

NAME: _____	S.S. # _____			
MAILING ADDRESS: _____				
STREET	APT.	CITY	STATE	ZIP
PERMANENT ADDRESS: _____				
STREET	APT.	CITY	STATE	ZIP
HOME PHONE: _____	ALTERNATE PHONE: _____	D.O.B: _____		
POSITION DESIRED: _____	A & P LICENSE #: _____			
EMAIL ADDRESS: _____	HAVE YOU EVER WORKED WITH US BEFORE? _____			

REFERENCE INFORMATION

1) REFERENCE NAME: _____	PHONE: _____
ADDRESS: _____	

REFERRED BY: _____



AIRCRAFT TECHNICIANS, INC.

EMPLOYMENT HISTORY: (Start with your last employer.)

Present/Last Employer: _____
Contract House (if applicable): _____
Complete Address: _____
Phone #: _____ Employed from: _____ to _____
Position: _____
Work Performed and airplanes: _____

Reason for leaving: _____

Present/Last Employer: _____
Contract House (if applicable): _____
Complete Address: _____
Phone #: _____ Employed from: _____ to _____
Position: _____
Work Performed and airplanes: _____

Reason for leaving: _____

Present/Last Employer: _____
Contract House (if applicable): _____
Complete Address: _____
Phone #: _____ Employed from: _____ to _____
Position: _____
Work Performed and airplanes: _____

Reason for leaving: _____

Present/Last Employer: _____
Contract House (if applicable): _____
Complete Address: _____
Phone #: _____ Employed from: _____ to _____
Position: _____
Work Performed and airplanes: _____

Reason for leaving: _____



AIRCRAFT TECHNICIANS, INC.

CONTRACT AGREEMENT

This is a contract between A.T.I. Inc. and _____, contract Employee for services performed in the line of A & P, Sheet Metal Structures, and/or any other general duties required by _____ beginning on _____.

As a contract employee, you are responsible for the job you'll be assigned for. It is understood that you as an aviation mechanic should know how to read, write and communicate in English. ATI is not responsible for any problem caused because of the lack of English or knowledge in the field. The client (_____) has the last word in considering you as a reliable mechanic good enough to work for them. A simple written test will be performed to confirm the capabilities of the mechanic. If any problem arises within the first week of working there due to the lack of English or any other matter in which the mechanic is responsible for neither ATI, nor _____ will compensate the mechanic for whatever time or any other expenses while being there.

_____ is a drug free place. No mechanic is allowed to show up to work under the influence of any drug or alcohol. It is the contract employee's responsibility to look for housing and make all the required arrangement for such. ATI will be helping the contract employee in seeking housing through ATI's on site coordinator. Once the mechanic is established, it will be all his/her responsibility for accommodations and attendance. The contract employee agrees to show up to work all the hours expected by client, excepting sickness and or family problems.

The contract employee shall be responsible to furnish and keep his/her own tools needed to perform the duties of the client. The contract employee shall be bound by any applicable rules, regulations or policies established by the client at whose place of business he performs serviced under the client's supervision and responsibilities.

THE CONTRACT EMPLOYEE AGREES NOT TO SOLICIT DIRECT EMPLOYMENT, CONVERSION OF EMPLOYMENT, OR THE LIKE, BETWEEN ATI'S CLIENT OR ANY OF ITS SUBCONTRACTORS ON SITE AND THE EMPLOYEES FOR 120 DAYS AFTER COMPLETION OF CONTRACT WITHOUT PRIOR WRITTEN APPROVAL OR AGREEMENT BETWEEN ATI AND ITS CLIENT OR COMPETITORS.

It is understood that pay or benefits provided by A.T.I. to you shall be held in the strictest of confidence, wages discussed between you and client, their employees or A.T.I.'s employees, could be cause for dismissal.

As a contract employee, you are entitled to all benefits and pay established by ATI for contract employees. ATI will make its portion to FICA contribution, will withhold Federal taxes, and supply Worker's Compensation Insurance as required by law.

The undersigned Contract Employee have read and understand this agreement in full.

CONTRACT EMPLOYEE

HUMAN RESOURCE MANAGER



AIRCRAFT TECHNICIANS, INC.

TERMS OF EMPLOYMENT:

I, the undersigned, state that all the information given by me in this application is true to the best of my knowledge. I authorize A.T.I. to verify such information and to contact any reference given by me. Should the company employ me, I agree that:

1. - My employment shall be in accordance with the terms of this application, and company rules. The company shall have the right to amend, modify or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now hereafter in effect.
2. - I understand that my employment is not for a specific term and be terminated by me or by the company at any time for any reason, with or without cause, its only obligation being to pay wages or salary earned by me to termination. Without limitation, failure to abide by company rules or regulations or the falsification or omission of any information given to be in this application will entitle the company to terminate my employment. No representation concerning my employment with the company has been made to me. I understand that the terms of my employment may not be changed by oral representation or by any writing unless an officer of the company executes such writing.
3. - I will submit to medical examination(s), including testing for the presence of drugs, alcohol by a physician appointed by the company at such time(s) as it may be requested, and will submit to such examination before making any claim against the company for injuries suffered in connection with my employment.
4. - The company is subject to and is operating under compensation law, and that in case of injury, I will accept compensation as provided by said law, where applicable, and hereby waive any or all other claims for damages or other relief on account of injury, including all actions at law.
5. - All right, title and interest, including but without limitation, all copyrights and patents, in and any material produced or inventions developed by my which affect or relate to the company's business or affect or relate to the airline industry shall best in the company and I shall have no personal right, title or interest whatsoever herein.
6. -The company shall have the right at any time after termination of my employment to furnish to others information concerning my employment record within the company, including information contained in this application.
7. - I agree not to disclose any of the company's trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential restricted information in any fashion during employment or after my employment with ATI is terminated.
8. - I will cooperate in any company investigation by giving true and complete answers to all questions and by complying with all the other requests for assistance.

I have read and understand the terms of Employment.

Signature of Applicant (In ink) _____ Dated: _____



AIRCRAFT TECHNICIANS, INC.

MEDICAL QUESTIONNAIRE:

The purpose of this questionnaire is to provide the employer with knowledge about the employee-specifically about any preexisting condition or disability, which may entitle the employer to reimbursement from Florida's Special Disability Trust Fund (Florida Statute 440.49). The information provide shall not be used to discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures; the hiring, advancement or discharge of employees; employee compensation; job training; and under other terms, conditions, and privileges of employment.

Name of Employer: **A.T.I. (Aircraft Technicians, Inc.)**

Name of Employee: _____

Social Security # _____ Height: _____ Weight: _____

1. - Have you ever had or do you have now? (Check YES or NO):

- | | | | | | |
|-----------------|--|---------------------------|--|--------------------|--|
| Epilepsy | <input type="checkbox"/> Yes <input type="checkbox"/> No | Marie-Strum Pell Disease | <input type="checkbox"/> Yes <input type="checkbox"/> No | Polio | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Disease | <input type="checkbox"/> Yes <input type="checkbox"/> No | Surgical Disk Removal | <input type="checkbox"/> Yes <input type="checkbox"/> No | Paralysis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Amputations | <input type="checkbox"/> Yes <input type="checkbox"/> No | Multiple Sclerosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hemophilia | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Paralysis | <input type="checkbox"/> Yes <input type="checkbox"/> No | Psychoneurotic Disability | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tuberculosis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total Deafness | <input type="checkbox"/> Yes <input type="checkbox"/> No | Thrombophlebitis | <input type="checkbox"/> Yes <input type="checkbox"/> No | Jaundice | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Herniated Disks | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cerebral Palsy | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lung Disease | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hyperinsulinis | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parkinson's Disease | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rheumatism | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Arthritis | <input type="checkbox"/> Yes <input type="checkbox"/> No | Chronic Osteomyelitis | <input type="checkbox"/> Yes <input type="checkbox"/> No | Muscular Dystrophy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Bone or joint injuries | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Other: _____

2. - Have you ever had a disability rating or had any assigned to you by an insurance company or state/federal agency? If yes, state percentage: _____% Yes No
3. - Have you ever injured or sprained your back? Yes No
 If yes, did you have surgery? Yes No
 If yes, please give details **
4. - Have you ever injured or sprained your neck? Yes No
 If yes, did you have surgery? Yes No
 If yes, please give details **
5. - Have you ever injured or sprained a Knee? Yes No
 If yes, did you have surgery? Yes No
 If yes, please give details **
6. - Have you ever had any other type of surgery not mentioned above? Yes No
 If yes, please give details **
7. - Do you have arthritis? Yes No
 If yes, what parts of the body are affected? **
 Are you on medication for arthritis?

Employee's Signature: _____ Date: _____



AIRCRAFT TECHNICIANS, INC.

REQUEST/CONSENT FOR INFORMATION ON FROM PREVIOUS EMPLOYER(S) ON FAA CONTROLLED SUBSTANCES

_____ 1st Request _____ 2nd Request _____ 3rd Request

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

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 Parts 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: _____

I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative (if known): _____

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

II-A. 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 completes 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).

II-B. Name of person providing information in Section II-A: _____

Title: _____ Date: _____ Phone # _____



AIRCRAFT TECHNICIANS, INC.

EMPLOYEE SAFE WORKING PRACTICES AGREEMENT

As a condition of employment, I, _____ hereby agree to
(Please print full name)
comply with the following safe working practices:

1. - I certify that I have reviewed a copy of the safety rules (both general rules, and specific for my department), have had them explained to me, and understand them.
2. - I agree to follow established general and departmental safety procedures.
3. - I agree to report any work-related accident or injury to my supervisor as soon as it occurs, but no later than the end of my duty shift.
4. - If I need treatment for a work-related injury, I agree to:
 - A. Notify my EMPLOYER of the need for treatment IMMEDIATELY
 - B. Only go to an EMPLOYER-DIRECTED PHYSICIAN (S) for the necessary treatment.
 - C. On the initial visit, I agree to hand-carry a Medical Authorization for treatment form to the authorized treating facility.
 - D. If the Employee fails to comply with the above rules, terms and regulations, he or she will be solely responsible for the foregoing Medical Treatments and Bills. The Company will be excluded from all responsibilities and costs.
5. - I authorize any and all medical records relating to on-the-job injuries in the past and/or any on-the-job Injuries that may occur in the future, to be release to A.T.I. and/or their employer's Worker's Compensation Insurance carrier.

The company will continue to pay its current contribution toward health insurance premiums for the first 30 calendar days following a work-related injury. Following the 30 days, if unable to return to work, the employee will be fully responsible for reimbursing the company for any premiums paid by the company on behalf of the employee who wishes to continue health insurance coverage through the company.

I understand that failure on my part to follow the above procedures could result in disciplinary action, or termination.

I also understand that according to Section 440.09 (4) of the Florida Worker's Compensation Laws, my compensation benefits could be reduced for any injury, which occurs because of a failure to follow established safety procedures.

EMPLOYEE SIGNATURE

DATE



AIRTEC

AIRCRAFT TECHNICIANS, INC.

PURSUANT TO 14CR PARTS 107 NAD AND 108 PUBLIC LAW 106-528, HAVE YOU EVER BEEN CONVICTED, PLED GUILTY, PLED NOLO CONTENDERE, OR PLED NOT GUILTY BY REASON OF INSANITY OF A FELONY?

YES () NO () IF YES, PLEASE MARK THE APPROPRIATE BOX BELOW:

- FORGERY OF CERTIFICATES, FALSE MARKING OF AIRCRAFT, AND OTHER AIRCRAFT REGISTRATION VIOLATION
 - INTERFERENCE WITH NAVIGATION
 - IMPROPER TRANSPORTATION OF HARZADOUS MATERIAL
 - AIRCRAFT PIRACY
 - INTERFERENCE WITH FLIGHTCREW MEMBERS OF FLIGHT ATTENDANTS
 - COMMISION OF CERTAIN CRIMES ABOARD AIRCRAFT
 - CARRYING A WEAPON OR EXPLOSIVE ABOARD AIRCRAFT
 - CONVEYING FALSE INFORMATION AND THREATS
 - AIRCRAFT PIRACY OUTSIDE THE SPECIAL AIRCRAFT JURISDICTION OF THE UNITED STATES
 - LIGHTING VIOLATIONS IN CONNECTION WITH TRANSPORTATION OF CONTROLLED SUBSTANCES
 - UNLAWFUL ENTRY INTO AN AIRCRAFT OR AIRPORT AREA THAT SERVES AIR CARRIERS OR FOREING AIR CARRIERS CONTRARY TO STABLISH SECURITY REQUIREMENTS
 - DESTRUCTION OF AN AIRCRAFT OR AIRCRAFT FACILITY
 - MURDER
 - ASSAULT WITH INTENT TO MURDER
 - ESPIONAGE
 - SEDITION
 - KIDNAPPING OR HOSTAGE TAKING
 - A FELONY INVOLVING A TREAT
 - A FELONY INVOLVING WILLFUL DISTRIBUTION OF PROPERTY
 - A FELONY INVOLVING IMPORTATION OR MANUFACTURE OF A CONTROLLED SUBSTANCE
 - A FELONY INVOLVING BURGLARY
 - A FELONY INVOLVING THEFT
 - A FELONY INVOLVING DISHONESTY, FRAUD, OR MISREPRESENTATION
 - A FELONY INVOLVING POSSESION OR DISTRIBUTION OF STOLEN PROPERTY
 - A FELONY INVOLVING AGGRAVATED ASSAULT
 - FELONY INVOLVING BRIBERY
 - A FELONY INVOLVING ILLEGAL POSSETION OF A CONTROLLED SUBSTANCE PUNISHABLE BY A MAXIMUM TERM OF IMPRISONMENT OF MORE THAN ONE (1) YEAR
 - ANY OTHER CRIME CLASSIFIED AS A FELONY THAT THE ADMINISTRATOR DETERMINES INDICATES A PORPENSITY FOR PLACING CONTRABAND ABOARD AN AIRCRAFT IN RETURN FOR MONEY
 - TREASON
 - RAPE OR AGRAVATED 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
 - CONSPIRACY
 - ATTEMPT TO COMMIT ANY OF THE AFOREMENTIONED CRIMINAL ACTS
- PLEASE EXPLAIN:

Employee's Signature: _____

Social Security: _____ Date: _____



AIRCRAFT TECHNICIANS, INC.

EMPLOYEE CERTIFICATION OF ELIGIBILITY TO PERFORM A SAFETY-SENSITIVE FUNCTION

The federal Aviation Administration (FAA) anti-drug and alcohol misuse prevention program regulations prohibit employers from using an individual to perform a safety sensitive function if the individual has become subject to the permanent bar provisions of the regulations or if the individual has engaged in conduct prohibited by these regulations and has not completed the required steps to return to the performance of safety-sensitive functions. Individuals subject to the permanent bar provision are those who have had two verified positive drug or alcohol test results or those who have used a prohibited drug or alcohol while performing a safety-sensitive function. An individual who has had a verified positive drug or alcohol test or has refused to submit to a drug or alcohol test is precluded from the performance of a safety-sensitive function until the appropriate MRO and/or SAP evaluation and return to duty testing requirements have been met. (Note If an employee leaves the company within a period of two months (60 days) for work related issues or for his own personal reasons (she/he) will be charged for the pre-employment examination test required by law.)

Based on the information provided and by signing below, I _____, hereby certify that I am eligible to perform a safety sensitive function as defined by Federal Aviation Administration, 14 CFR Parts 65,121, and 135.

	YES	NO
Have you ever tested positive for a controlled substance?	_____	_____
Have you ever had an alcohol test with breath Alcohol Concentration of 0.04 or higher?	_____	_____
Have you ever refused a required test for drugs or alcohol?	_____	_____

Employee Signature _____
Date

If YES to any of the above questions, please provide the following information:

(Employer name and address)

(Contact name) _____
(Telephone)

SUBSTANCE ABUSE PROFESSIONAL (SAP):

(SAP and address)

(Contact name) _____
(Telephone)

Employee Signature _____
Date



AIRCRAFT TECHNICIANS, INC.

BACKGROUND RELEASE

PLEASE READ AND SIGN THE FOLLOWING:

IN ACCORDANCE WITH THE LAW AND AS YOUR EMPLOYER WE ARE ENTITLED TO ASK IF YOU HAVE EVER BEEN CONVICTED, PLEADED GUILTY OR NO CONVICTION OF A FELONY OR MISDEMEANOR OR ACQUITTED BY REASON OF INSANITY FOR A FELONY. ALSO, NEW FAA REGULATIONS, AS OF JANUARY 31ST, 1996; REQUIRE US AS YOUR EMPLOYER TO PERFORM A COMPLETE TEN YEAR BACKGROUND HISTORY VERIFICATION. ANY PERIODS OF UNEMPLOYMENT DURING THE MOST RECENT FIVE YEAR TIME PERIOD OF MORE THAN 30 DAYS AND LESS THAN 11 MONTHS MUST BE VERIFIED WITH A PERSONAL REFERENCE. ANY PERIODS OF EMPLOYMENT DURING THE MOST RECENT FIVE YEARS THAT ARE GREATER THAN 11 MONTHS MUST BE VERIFIED WITH APPROPRIATE DOCUMENTATION. FOR THE FIRST FIVE YEARS OF THE EMPLOYMENT HISTORY YOU WILL NEED DOCUMENTATION AND A PERSONAL REFERENCE FOR PERIODS OF UNEMPLOYMENT OF MORE THAN 12 MONTHS.

YOU MAY ALSO BE SUBJECT TO A CRIMINAL HISTORY RECORDS CHECK. SHOULD YOU FAIL TO PROVIDE ACCURATE INFORMATION, IT WILL BE NECESSARY TO PERFORM A CRIMINAL RECORDS CHECK. THE COST OF WHICH WILL BE DEDUCTED FROM EMPLOYEES PAYCHECK.

AS AN APPLICANT FOR EMPLOYMENT, I HEREBY AUTHORIZE AIRCRAFT TECHNICIANS, INC; IT'S AGENT, FIDELI FACTS, OR CONSUMER REPORTING BUREAU TO CONTACT ORALLY OR IN WRITING ANY THIRD PARTIES TO OBTAIN INFORMATION AND QUALIFICATIONS FOR EMPLOYMENT. I HEREBY WAIVE ANY RIGHT OR CLAIMS I MIGHT HAVE AGAINST ATI OR IT'S DESIGNEE, AS WELL AS THE COMPANY, AGENCY, OR ANY OTHER PERSON PROVIDING THE REQUESTED INFORMATION, WITH REGARD TO THE ACQUISITION, USE, RETENTION OR DISCLOSURE OF ANY SUCH INFORMATION. I ACKNOWLEDGE THAT A COPY OF THIS RELEASE SHALL BE VALID AS THE ORIGINAL.

I CERTIFY THAT THE INFORMATION GIVEN CONCERNING MY PREVIOUS EMPLOYMENT, UNEMPLOYMENT, MILITARY HISTORY, AND/OR 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.

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

SOCIAL SECURITY NUMBER: _____ DATE: _____



AIRCRAFT TECHNICIANS, INC.

CONTRACT EMPLOYEE AGREEMENT:

This is a binding contract between A.T.I., (Aircraft Technicians, Inc.) and _____ as a contract employee of ATI. As a contract employee of ATI you are required to perform general duties including airframe and power plant, sheet metal; structural repairs, and interior work as required by **CJI, AAR, AAS, OPA** and/or **FAS**, beginning _____. Salary _____ hour. (Full Time or Part Time)

In agreement with (**CJI, AAR, AAS, OPA** and/or **FAS**), you, the contract employee of ATI, are responsible for the following: must read, write and communicate in English. Must be reliable, and must provide his/hers own tools, and able to perform the skills required in your field. Should you have any difficulties fulfilling any of these obligations within the first week working there , neither (**CJI, AAR, AAS, OPA** and/or **FAS**), nor ATI under any circumstances are required to compensate you, the contract employee, for hours worked, housing, travel, or any other expenses incurred in these initial week period.

ATI provides an on-site coordinator to assist you, the contract employee, with temporary housing upon arrival. After the contract employee becomes established, it is his/her responsibility to seek for permanent residence.

(**CJI, AAR, AAS, OPA** and/or **FAS**) will assign the contract employee his/her hours. You agree to comply with the schedule assigned. The only exception will be illness or an emergency situation.

The contract employee, as an ATI employee, is bound by (**CJI, AAR, AAS, OPA** and/or **FAS**) rules, regulations, policies, and supervision as he/she performs his/her duties where applicable.

It is understood that within 180 days from the day above you agree not to solicit direct employment, you the contract employee, will not be allow to switch to other competitors onsite at (**CJI, AAR, AAS, OPA** and/or **FAS**) under any circumstances, unless previous written agreement exists.

Even though the contract employees are working under (**CJI, AAR, AAS, OPA** and/or **FAS**) rules you still are an ATI's employee. ATI will contribute to FICA will withhold Federal Taxes, and provide workmen compensation insurance, as required by law. The pay or benefits provided by ATI to you, the contract employee, will be held in confidence. If any discussion about pay and/or benefits should occur between you and (**CJI, AAR, AAS, OPA** and/or **FAS**), **CJI, AAR, AAS, OPA** and/or **FAS** employees, or ATI employees; this fact could result in probable cause for legal action, and/or dismissal of employment. Remember we will always be there for you! Let us help you by communicating your doubts.

The Contract Employee

Human Resources Manager



AIRCRAFT TECHNICIANS, INC.

AUTHORIZATION RELEASE EMPLOYMENT VERIFICATION

I HEREBY AUTHORIZE RELEASE INFORMATION NECESSARY FOR ATI, TO PERFORM A (10) YEARS EMPLOYMENT VERIFICATION AS REQUIRED BY THE FEDERAL AVIATION ADMINISTRATION EMERGENCY AMENDMENT TO FAR PART 107.

I understand that misinterpretation of facts may be cause for termination.

NAME: _____ SOCIAL SEC: _____

SIGNATURE: _____ DATE: _____

EMPLOYMENT VERIFICATION

TO: _____ ATTN: _____
HUMAN RESOURCE/PERSONNEL

PHONE: (____) _____ FAX: (____) _____

We are attempting to verify previous employment for AIRCRAFT TECHNICIANS, INC. Please complete the information on the individual named above and fax it to (305) 863-8639, attention background clerk.

It is very important that we get this information as soon as possible.

If you have any questions, please feel free to call us at (305) 863-8638.

We'll appreciate your prompt response.

_____ 1st Request _____ 2nd Request _____ 3rd Request

DATES OF EMPLOYMENT _____

POSITION HELD _____

WOULD YOU REHIRE _____

SIGNATURE _____

PRINT NAME _____

TITLE _____

DATE _____