



# APPLICATION FOR EMPLOYMENT

Battlespace Flight Services, LLC is an equal opportunity employer and, in conformity with applicable laws, does not discriminate on the basis of race, color, religion, sex, national origin, marital status, veteran status, physical or mental disability, sexual orientation, and any other impermissible criteria according to applicable laws. No questions on this application are intended to secure such information to be used for such discrimination. This application will be given every consideration but its receipt does not imply that the applicant will be employed. This application will be considered for only thirty (30) days. For consideration of employment opportunities after thirty (30) days, you must reapply.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Number #: \_\_\_\_\_ Position Applied For: \_\_\_\_\_ Expected Pay: \$ \_\_\_\_\_

Presently Employed? Yes  No  On what date will you be available for work? \_\_\_\_\_

Have you been employed at Battlespace before? Yes  No  If so, when? \_\_\_\_\_

Have you ever been interviewed by a Battlespace employee or accepted/declined an offer from Battlespace?  
Yes  No

Were you referred by a current or previous Battlespace employee? Yes  No   
If so, please state their name and position. \_\_\_\_\_

Special training, certifications or skills (languages, machine operation, etc.) that would help us evaluate your application:  
\_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible for employment in the United States? Yes  No  In accordance with the Immigration Reform and Control Act, you will be required to fill out a certification verifying you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

Have you ever been convicted of a misdemeanor or felony?  Yes (explain below)  No

(Responding "yes" will not necessarily disqualify application from employment. Do not include any traffic violations, juvenile offenses, criminal charges that have been expunged, or military convictions, except by general court martial.)

If yes, please furnish details of conviction, including type of offense, date of charge, date of conviction, county, city, state of conviction, and sentence.  
\_\_\_\_\_  
\_\_\_\_\_

**If the job, for which you are applying, requires a U. S. government security clearance, please provide your Social Security number. This request is permissible under DOL and NISPOM regulations and the SSN will only be used to verify your security clearance information. Social Security Number:** \_\_\_\_\_

## Educational Background

School	Name/Location	Course of Study	Did you Graduate?	Degree/Diploma
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational/Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Military Service

Have you ever been a member of the United States Armed Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," did you acquire any skills that relate to the job for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what skills? _____

## Professional References

Please provide the names of three people not related to you, whom you have known for at least one year.

Name	Phone Number	Business Name	Years Acquainted

## Employment History

**Information that is not contained in your resume must be completed in this section.** If you choose to attach your resume to this Application in lieu of completing redundant information, your resume is submitted as if it were part of this Application process. List your last four employers, starting with the last one first.

(1) Employer Name _____ Telephone _____ _____ ( ) _____ Address: _____ _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From      To _____ / _____  Hourly Rate/Salary Starting    Ending _____ / _____
Work Performed: _____ _____ _____ _____ _____ _____	
(2) Employer _____ Telephone _____ _____ ( ) _____ Address: _____ _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From      To _____ / _____  Hourly Rate/Salary Starting    Ending _____ / _____
Work Performed: _____ _____ _____ _____ _____ _____	

(3) Employer Telephone _____ ( ) _____ Address: _____ _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From To _____ / _____  Hourly Rate/Salary Starting Ending _____ / _____
Work Performed: _____ _____ _____ _____ _____	
(4) Employer Telephone _____ ( ) _____ Address: _____ _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From To _____ / _____  Hourly Rate/Salary Starting Ending _____ / _____
Work Performed: _____ _____ _____ _____ _____	

You may contact the employers listed above unless I indicate those I do not want you to contact.  _____ Signature Date	<b>DO NOT CONTACT</b> Employer Number(s): _____ Reason(s): _____
---	--

**APPLICANT - PLEASE READ AND SIGN**

Under the Federal Employee Polygraph Act of 1988, an Employer may not require any applicant for employment or prospective employment, or any Employee, to submit to or take a polygraph, lie detector, or similar test or examination as a condition of employment or continued employment. Any Employer who violates this may have court action brought against them by the Secretary of Labor to restrain any such violation and assess civil money penalties up to \$10,000.

\_\_\_\_\_  
 Signature Date

# **BATTLESPACE FLIGHT SERVICES, LLC**

## **APPLICANT - PLEASE READ AND SIGN**

### **AUTHORIZATION**

I hereby affirm that the facts contained in this application, including any attachments are true, correct and complete to the best of my knowledge. I have not withheld any fact or circumstance, which would, if discovered, affect my application unfavorably. I understand that the misrepresentation or omission of a fact called for in this application or other Battlespace Flight Services, LLC ("Company") records may be cause for immediate dismissal.

I further authorize Battlespace Flight Services, LLC or any of its subsidiaries and/or affiliates, and vendors, to verify any and all information contained herein. This includes the investigation of references and employers listed within to provide the Company any and all information concerning my previous employment.

I hereby authorize and permit the Company and its subsidiaries and/or affiliates, and vendors, to hereafter investigate and disclose information contained in this application and such additional information regarding my employment to Battlespace Flight Services, LLC and its subsidiaries and/or affiliates to any person, firm or organization (e.g., state police, criminal, or credit check). I also release the Company from all liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of the Company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing unless it is written and signed by an authorized Company representative. I also understand that if I should become employed by the Company, my employment is "at-will" and can be terminated by me or the Company at any time without cause and/or without notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Fitness for Duty and Limits on Medical/Dental Care in Iraq and Afghanistan**

**APPLICANT - PLEASE READ AND SIGN**

<b>The Company <u>will not</u> deploy an individual with any of the following conditions unless approved by the appropriate CENTCOM Service Component (i.e. ARCENT, CENTAF, etc.).</b>
Conditions which prevent the wear of personal protective equipment, including protective mask, ballistic helmet, body armor, and chemical/biological protective garments.
Conditions which prohibit required theater immunizations or medications.
Conditions or current medical treatment or medications that contraindicate or preclude the use of chemical and biological protectives and antidotes.
Diabetes mellitus, Type I or II, on pharmacological therapy.
Symptomatic coronary artery disease, or with myocardial infarction within one year prior to deployment, or within six months of coronary artery bypass graft, coronary artery angioplasty, or stenting.
Morbid obesity (BMI $\geq$ 40)
Dysrhythmias or arrhythmias, either symptomatic or requiring medical or electrophysiologic control.
Uncontrolled hypertension, current heart failure, or automatic implantable defibrillator.
Therapeutic anticoagulation.
Malignancy, newly diagnosed or under current treatment, or recently diagnosed/treated and requiring frequent subspecialist surveillance, examination, and/or laboratory testing.
Dental or oral conditions requiring or likely to require urgent dental care within six months' time, active orthodontic care, conditions requiring prosthodontic care, conditions with immediate restorative dentistry needs, conditions with a current requirement for oral-maxillofacial surgery.
New onset (< 1 year) seizure disorder or seizure within one year prior to deployment.
History of heat stroke.
Meniere's Disease or other vertiginous/motion sickness disorder, unless well controlled on medications available in theater.
Recurrent syncope, ataxias, new diagnosis (< 1year) of mood disorder, thought disorder, anxiety, somatoform, or dissociative disorder, or personality disorder with mood or thought manifestations.
Unrepaired hernia.
Tracheostomy or aphonia.
Renolithiasis, curren.
Active tuberculosis.
Pregnancy.
Unclosed surgical defect, such as external fixeter placement.
Requirement for medical devices using AC power.
HIV antibody positivity.
Psychotic and bipolar disorders.

I understand that employment with Battlespace Flight Services, LLC is contingent upon my willingness and suitability to deploy to areas such as Iraq and/or Afghanistan. I have reviewed the attached listing of medical conditions that are not suitable for deployment. I am willing and suitable for deployment.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EEO-1 SURVEY FORM

It is the policy of Battlespace Flight Services, LLC to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic. Certain government contractors have obligations to collect statistical data. This form is to meet that obligation and is **strictly voluntary** and will not be part of the personnel file or will not be used for employment decision-making.

**TO BE COMPLETED BY APPLICANT ON A VOLUNTARY BASIS.** In an effort to comply with requirements regarding government record-keeping, reporting, and other legal obligations which may apply, we request that you complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Name: \_\_\_\_\_

Sex:  Male  Female

Referral Source:

- |  |   |
|--|---|
| <input type="checkbox"/> Battlespace website | <input type="checkbox"/> Newspaper ad _____                               |
| <input type="checkbox"/> Employment agency   | <input type="checkbox"/> Other _____                                      |
| <input type="checkbox"/> Referral            | <input type="checkbox"/> Person who referred you, if applicable:<br>_____ |
| <input type="checkbox"/> Walk-in             |   |

Please select one of the following Equal Employment Opportunity Identification Groups:

- American Indian or Alaska Native (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)
- White, Non Hispanic (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)

Please select one of the following VETS-100 Identification Groups:

- |   |  |
|---|--|
| <input type="checkbox"/> Disabled Veteran           | <input type="checkbox"/> Recently Separated Veteran (if checked, date of separation is required) _____ |
| <input type="checkbox"/> Other Protected Veteran    | <input type="checkbox"/> Not Applicable  |
| <input type="checkbox"/> Armed Forces Medal Veteran |  |

### For Administrative Use

Position(s) applied for: \_\_\_\_\_

Hired? Yes  No  Hire date: \_\_\_\_\_ Position hired for: \_\_\_\_\_

Position classification:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Service Workers       |
| <input type="checkbox"/> Operatives (semi-skilled)   | <input type="checkbox"/> Technicians   | <input type="checkbox"/> Laborers (unskilled)  |
| <input type="checkbox"/> Craft Workers (skilled)     | <input type="checkbox"/> Professionals | <input type="checkbox"/> Official and managers |

Additional notes: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_