



## EDUCATION

	Name and Address of School	Major Subject	No. of Years Completed	Diploma/Degree Earned
High School		_____		
College				
Business, Trade, Other				

List any job-related scholastic honors, offices, or activities \_\_\_\_\_

\_\_\_\_\_

List job-related school or specialized training \_\_\_\_\_

\_\_\_\_\_

Do you have any Certifications?  Yes  No

If yes, please list \_\_\_\_\_

\_\_\_\_\_

Have you ever been fired or asked to resign from a job?  Yes  No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Please provide three professional references (include at least one supervisor):

Name

Phone #

Occupation

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## EMPLOYMENT HISTORY

List names of employers for the past ten (10) years in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, list firm name and supply business references. Please attach additional sheets if necessary

<b>1</b>	EMPLOYER	FROM		STARTING SALARY	JOB TITLE
NAME OF COMPANY		MO	YR	\$	REASON FOR LEAVING (Please Explain)
		TO		ENDING SALARY	
ADDRESS		MO	YR	\$	
CITY, STATE, ZIP		TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.					MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>2</b>	EMPLOYER	FROM		STARTING SALARY	JOB TITLE
NAME OF COMPANY		MO	YR	\$	REASON FOR LEAVING (Please Explain)
		TO		ENDING SALARY	
ADDRESS		MO	YR	\$	
CITY, STATE, ZIP		TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.					MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>3</b>	EMPLOYER	FROM		STARTING SALARY	JOB TITLE
NAME OF COMPANY		MO	YR	\$	REASON FOR LEAVING (Please Explain)
		TO		ENDING SALARY	
ADDRESS		MO	YR	\$	
CITY, STATE, ZIP		TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.					MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>4</b>	EMPLOYER	FROM		STARTING SALARY	JOB TITLE
NAME OF COMPANY		MO	YR	\$	REASON FOR LEAVING (Please Explain)
		TO		ENDING SALARY	
ADDRESS		MO	YR	\$	
CITY, STATE, ZIP		TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.					MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

If you worked in any of your previous positions under another name, please give that name

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## APPLICANT'S AGREEMENT

I understand and agree that, if I am employed by CAVU Group, my employment and compensation is entirely "at will," which means neither are guaranteed for any definite period of time, and either can be modified or terminated, with or without cause, and regardless of the date of payment of my wages and salary, and with or without prior notice at any time, at the option of either CAVU Group or myself. I understand and agree that CAVU Group reserves the right to establish and/or change any of the terms or conditions of any aspect of my employment at its discretion at anytime with or without notice. I understand and agree that no other oral or written agreements of any kind pertaining to the terms of my employment and/or my compensation exist outside of this Agreement, and if I believe that any such previous agreements between any CAVU Group representative and myself have been made, I agree they are superseded by the contents of this Agreement. I understand and agree that no representative of CAVU Group, other than an CAVU Group Owner, has any authority to enter into any other agreement or with me or provide me with any assurances relating to any aspect of my employment with CAVU Group, except that the Owner of CAVU Group may do so in writing.

I further agree that any change in the terms or conditions of my employment, such as a change in schedule, hours, benefits, salary or job duties will not affect the at-will relationship that exists between me and CAVU Group.

In addition to the wages I am paid by CAVU Group, I also agree that my continued employment and \$1.00 of the wages I am paid when I first report to work will serve as sufficient consideration to bind this Agreement.

I authorize CAVU Group to investigate my background, qualifications and/or any other information on me as it deems appropriate. I also authorize anyone CAVU Group contacts as part of its investigation to release any information they have regarding me or my employment to CAVU Group or its representatives. Further, I authorize CAVU Group to release the results of any background checks conducted on me and any other information related to me or my employment as it deems appropriate. I also release all parties, including CAVU Group, from all liability for any damage that may result from either releasing or furnishing any such information.

I further agree to take any lawful medical examination, chemical, drug or alcohol test upon request by CAVU Group at its sole discretion as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by CAVU Group. I agree that my refusal to take any such examinations or tests immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment. Further, I authorize CAVU Group to release the results of these tests to whomever it deems appropriate where allowed by law. I hereby release all parties from all liability for any damage that may result from conducting, releasing or furnishing information regarding these examinations or tests.

I certify that there are no legal or contractual impediments that would prevent me from accepting employment with CAVU Group or fulfilling the duties of the position(s) for which I am applying. I further understand and agree that if I am hired by CAVU Group that I will not make any disparaging remarks regarding CAVU Group or its employees, as deemed by CAVU Group.

In the event that I am employed by CAVU Group, I authorize CAVU Group to deduct and/or withhold from my wages, or any other monies then owed to me by CAVU Group, any amounts that I might still owe to CAVU Group, as deemed appropriate by CAVU Group.

### READ CAREFULLY BEFORE SIGNING

**"I agree that any claim or lawsuit relating to my service with CAVU Group, or any of its subsidiaries, must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary."**

**If you are hired, this employment application will become part of your official employment record.**

I understand and agree that if I threaten to breach or breach this Agreement, I agree to indemnify and hold CAVU Group and any other damaged parties harmless from and against any and all loss, cost, damage, or expenses, including, but not limited to, paying all damages associated with this breach, including all attorney's fees and administrative costs deemed necessary and reasonable by the damaged parties in order to enforce any section of this Agreement or to correct whatever damages caused by this breach.

I also certify that the facts contained in this application are true and complete in all respects. I understand that if I am employed, any statements I have falsified on this Application shall be grounds for dismissal. I understand that if I am employed, if CAVU Group later determines that this application, or any other documents or information given in conjunction with the hiring process contains false, incomplete, inaccurate or misleading information, my employment may be terminated immediately.

I further certify and agree that I have read all of the foregoing, that I understand the same and that I do hereby voluntarily agree to all of the provisions contained herein.

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PRINT NAME

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APPLICANT'S SIGNATURE

DATE