

FAA/TSA 10-Year Background Verification

APPLICANT'S NAME _____ SS# _____ - _____ - _____

IMPORTANT: Do not state "see resume" or similar notation.

- 1.) Copy of DD214 (If you were in the military)
- 2.) Copy of Drivers License, Social Security Card, or Passport
- 3.) Copy of A & P License

Contract ___ **Direct** ___ **EMPLOYER/EDUCATOR** _____

Contract Company _____ City and State _____

Dates of Employment/Unemployment _____ to _____

Supervisor/Reference _____ Phone _____

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Supervisor/Reference _____



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 DOT AND FAA REGULATION 49 CFR PART 40.

IN THE LAST TWO YEARS:

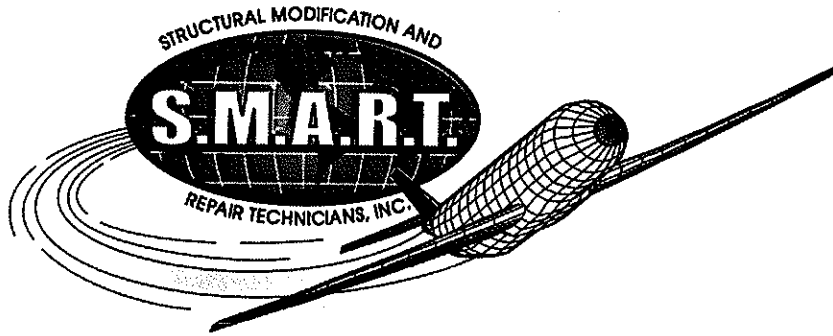
1. Were there any situations in which you tested positive on a pre-employment test for a DOT or FAA employer that did not hire you? YES / NO
2. Were there any situations in which you refused to submit (including any adulterated or substituted finding) to a pre-employment test for a DOT or FAA employer that did not hire you? YES / NO
3. Have you had any DOT or FAA required alcohol test with a result of 0.04 or higher alcohol concentration? YES / NO
4. Have you had any verified positive DOT or FAA required drug test? YES / NO
5. Have you refused to be tested (including having a verified adulterated or substituted drug test result)? YES / NO
6. Have you had any other violation of a DOT or FAA agency drug or Alcohol testing regulation? YES / NO
7. If you violated a DOT drug and/or alcohol regulation did you successfully complete DOT return to duty requirement (including follow up tests)? YES / NO

I CERTIFY THAT MY RESPONSES TO THE ABOVE QUESTIONS ARE TRUE:

Signature: _____ **Date:** _____

Print Name: _____ **Date:** _____

**Complete entire form and fax to Lori Travis at (386) 426-5435, SMART- INC.*



S.M.A.R.T. Inc.

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TIME SHEET

Employee Name:	Title:
Employee Number:	Status:
Department:	Supervisor:

Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
WEEKLY TOTALS:					

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____