# FAA/TSA 10-Year Background Verification

APPLICANT'S NAME\_\_\_\_\_SS#\_\_\_-\_\_-

IMPORTANT: Do <u>not</u> state "see resume" or similar notation.

2.) Copy			ecurity Card, or Passport	
			EDUCATOR	
Contract Co	mpany		City and State	
Dates of Em	ployment/U	Inemployment	to	
Supervisor/I	Reference _		Phone	
Contract	Direct	_EMPLOYER/	EDUCATOR	
Contract Co	mpany		City and State	
Dates of Em	ployment/U	Inemployment	to	
Supervisor/I	Reference _		Phone	
Contract	Direct	EMPLOYER/	EDUCATOR	
Contract Co	mpany		City and State	
Dates of Em	ployment/U	Inemployment	to	
Supervisor/I	Reference _		Phone	
Contract	Direct	EMPLOYER/	EDUCATOR	
Contract Co	mpany		City and State	
Dates of Em	ployment/U	Inemployment	to	
Supervisor/I	Reference _		Phone	
Contract	Direct	EMPLOYER/	EDUCATOR	
Contract Co	mpany		City and State	
Dates of Em	ployment/U	Inemployment	to	
Supervisor/I	Reference _		Phone	
Contract	Direct	_EMPLOYER/	EDUCATOR	
Contract Co	mpany		City and State	
Dates of Em	ployment/U	Inemployment	to	

Supervisor/Reference Phone

Contract	Direct	EMPLOYER/EDUCATOR
Contract Con	mpany	City and State
Dates of Em	ployment/U	Inemployment to
Supervisor/F	Reference _	Phone
Contract	Direct	EMPLOYER/EDUCATOR
Contract Con	mpany	City and State
Dates of Em	ployment/U	Inemployment to
Supervisor/F	Reference _	Phone
Contract_	Direct	EMPLOYER/EDUCATOR
Contract Con	mpany	City and State
Dates of Em	ployment/U	Inemployment to
Supervisor/F	Reference _	Phone
Contract	Direct	EMPLOYER/EDUCATOR
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Dates of Em	ployment/U	Inemployment to
Supervisor/F	Reference _	Phone
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Dates of Em	ployment/U	Inemployment to
		Phone
Contract	Direct	EMPLOYER/EDUCATOR
Contract Con	mpany	City and State
Dates of Em	ployment/U	Inemployment to
Supervisor/F	Reference _	Phone
Contract	Direct	EMPLOYER/EDUCATOR
		City and State
Dates of Em	ployment/U	Inemployment to
Supervisor/F	Reference	



## **AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize **S.M.A.R.T. Inc.** (hereafter "the Company" or "Employer"), its employees, agents, private investigators or any representative of the aforesaid company, to perform investigations into my background, past behavior, to my character, general reputation, and mode of living including but not limited to:

<u>Investigative Consumer Reports:</u> I authorize the Company to perform investigative consumer reports that may include credit reports, criminal history or arrest records, workers' compensation histories, motor vehicle records, employment and unemployment records, military records, or other sources of information.

Education and Employment: I authorize schools, colleges and all scholastic institutions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested. I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personnel file, salary history, condemnations, and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency, and skills. Furthermore, I authorize full disclosure of any and all drug and alcohol testing results.

Authorization and Understanding: I authorize custodians of the records of any agency, government agency, or company as described above to release such information upon request of any investigator, agent, or representative of the Company. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment. I understand that the information requested is for the use by the Company and may be re-disclosed only as authorized by law. I indemnify, release, and hold harmless the Company, any agents of the Company, or others reporting to or for the Company, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to, such investigations, disclosures, or admissions. Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

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#### STRUCTURAL MODIFICATION AND REPAIR TECHNICIANS, INC.



# **Authorization for Release of Records**

Section I. To be completed by ne	w applicant:	
Employee Printed or Typed Name:_		
Employee SS or ID Number:		
previous employers, to the employer lis	ted in Section I-A. This release is it	ation regulated drug and alcohol testing records by my naccordance with DOT Regulation 49 CFR Part 40, Sective vious employer, is limited to the following DOT-regulated
<ol> <li>Alcohol tests with a result of 0.04 or highe</li> <li>Verified positive drug tests;</li> <li>Refusals to be tested;</li> <li>Other violations of DOT agency drug and</li> <li>Information obtained from previous emplo</li> <li>Documentation, if any, of completion of the</li> </ol>	alcohol testing regulations; oyers of a drug and alcohol rule violation	
Employee Signature:		Date:
I-A. New Employer Name:	S.M.A.R.T., Inc. 509 Live Oak St. Edgewater, FL, 32132 se previous employer and tran	Lori Travis, ADAPM Phone: 800-842-0891 Fax: 386-426-5435 esmitted by mail or fax to the new employer:
Company Name:		
II-A. In the two years prior to the	date of the employee's signature	e (in Section I), for DOT-regulated testing;
1. Did the employee have alcohol to	ests with a result of 0.04 or high	er? <b>_YES NO</b>
2. Did the employee have verified p	ositive drug tests?	□YES □ NO
3. Did the employee refuse to be te	sted?	□YES □ NO
4. Did the employee have other viol	ations of DOT agency drug and	alcohol testing regulations? <b>TYES NO</b>
5. Did a previous employer report a	drug and alcohol rule violation	to you TYES NO
6. If you answered "yes" to any of the	e above items, did the employe	e complete the return-to-duty process?
$\square$ N/A $\square$ YES $\square$ NO		
II-B. Contact Information:		
COMPANY NAME:	NAME	
Phone Number:	Signati	ure:
Date Verified:	Title:	



## **APPLICANT QUESTIONAIRE**

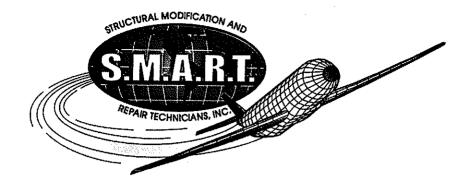
## PREVIOUS DRUG & ALCOHOL TESTING INFORMATION

<u>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.</u>

### 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 successful complete DOT return to duty requirement (including follow up tests)?	lly YES / NO	
I CEF	RTIFY THAT MY RESPONSES TO THE ABOVE QUES	TIONS ARE TRU	<u>JE:</u>
Signat	ure:	_ Date:	
Print I	Name:	_ Date:	

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



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

# TIME SHEET

Aerospace Technical Support Worldwide

509 Live Oak Street Edgewater, FL 800.842.0891 Fax 800.779.0299

<b>Employee Name</b>	):		Title: Status:							
Employee Numb	oer:									
Department:			Supervisor:							
Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.					
					•					
	W	EEKLY TOTALS:								
Employee Signatu	ıre:			Date:						
Supervisor Signat	ure:			Date:						