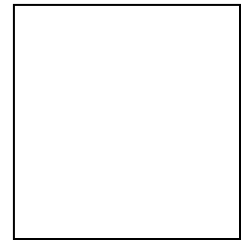




APPLICATION FOR EMPLOYMENT



PLEASE READ CAREFULLY

ALL INFORMATION WILL BE TREATED CONFIDENTIALLY. PLEASE ANSWER ALL QUESTIONS AS COMPLETELY AS POSSIBLE. THE USE OF THIS FORM DOES NOT INDICATE THAT THERE ARE POSITIONS OPEN AND DOES NOT OBLIGATE YOU OR COX & COMPANY, INC. (COX). FEDERAL LAW PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, SEX, AGE, RELIGION, COLOR OR NATIONAL ORIGIN. PLEASE PRINT IN INK.

PERSONAL			
LAST NAME:	FIRST NAME:	MIDDLE:	TODAY'S DATE:
			/ /
ADDRESS:		SOCIAL SECURITY NUMBER:	
CITY:	STATE:	ZIP:	TELEPHONE NUMBER:
WORK PHONE:	EMAIL:	OTHER CONTACTS:	
ARE YOU A UNITED STATES CITIZEN:	ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?	IF NO, DO YOU HAVE A VISA THAT ALLOWS EMPLOYMENT?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF SO, WHAT TYPE OF VISA?			

GENERAL							
POSITION(S) APPLYING FOR:	DATE AVAILABLE TO START:	SALARY REQUIREMENT:	AVAILABILITY				
			<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER				
HAVE YOU EVER BEEN EMPLOYED BY COX?		- INDICATE HOURS AVAILABLE					
<input type="checkbox"/> YES IF YES, PLEASE COMPLETE:							
<input type="checkbox"/> NO DEPARTMENT: _____ SUPERVISOR: _____							
HAVE YOU EVER APPLIED AT COX BEFORE?							
<input type="checkbox"/> YES IF YES, PLEASE COMPLETE:							
<input type="checkbox"/> NO DEPARTMENT: _____ SUPERVISOR: _____							
					(IE. 6-11 AM, 3-9PM)		
HOW WERE YOU REFERRED TO THE HUMAN RESOURCES OFFICE?							
<input type="checkbox"/> VOLUNTARY		<input type="checkbox"/> STATE/OTHER EMPLOYMENT OFFICE: _____			<input type="checkbox"/> COX EMPLOYEE _____		
<input type="checkbox"/> WANT AD: _____		<input type="checkbox"/> PRIVATE EMPLOYMENT AGENCY: _____			<input type="checkbox"/> OTHER: _____		
HAVE YOU EVER WORKED FOR THIS COMPANY UNDER A DIFFERENT NAME? IS ADDITIONAL INFORMATION RELATIVE TO NAME CHANGE, ASSUMED NAME OR NICKNAME NECESSARY TO ENABLE A CHECK OF YOUR WORK RECORD?							
<input type="checkbox"/> YES IF YES, PLEASE EXPLAIN:							
<input type="checkbox"/> No							
HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION?							
<input type="checkbox"/> YES IF YES, PLEASE EXPLAIN:							
<input type="checkbox"/> No							
*DO YOU HAVE ANY HEALTH-RELATED CONDITIONS THAT MIGHT INTERFERE WITH YOUR ABILITY TO SATISFY AND EFFICIENTLY PERFORM ALL DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING? *DO NOT ANSWER UNTIL YOU HAVE RECEIVED AN OFFER OF EMPLOYMENT FROM COX & COMPANY, INC.							
<input type="checkbox"/> YES IF YES, ARE THERE ANY REUSABLE ACCOMMODATIONS THAT WOULD ENABLE YOU TO PERFORM ALL DUTIES OF THE JOB? PLEASE STATE:							
<input type="checkbox"/> No							

EDUCATION

CIRCLE HIGHEST GRADE LEVEL COMPLETED		GRADE/HIGH SCHOOL											COLLEGE						
		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6+
SCHOOL	NAME & LOCATION	MAJOR											Did you Graduate?	Certificate / Degree/Diploma					
GRADUATE	NAME												<input type="checkbox"/> YES						
	ADDRESS													<input type="checkbox"/> NO					
	CITY STATE ZIP																		
COLLEGE	NAME												<input type="checkbox"/> YES						
	ADDRESS													<input type="checkbox"/> NO					
	CITY STATE ZIP																		
BUSINESS/ TRADE/ TECHNICAL	NAME												<input type="checkbox"/> YES						
	ADDRESS													<input type="checkbox"/> NO					
	CITY STATE ZIP																		
HIGH SCHOOL	NAME												<input type="checkbox"/> YES						
	ADDRESS													<input type="checkbox"/> NO					
	CITY STATE ZIP																		

DO YOU HOLD OR HAVE HELD ANY FAA LICENSES AND/OR CERTIFICATIONS? IF YES, PLEASE IDENTIFY:

NOTE: THIS IS A DRUG-FREE WORKPLACE. ALL APPLICANTS AND EMPLOYEES HIRED FOR SAFETY SENSITIVE POSITIONS COVERED UNDER THE FAA REGULATIONS 14 CFR PARTS 121, 135 AND 49 CFR PART 40 ARE SUBJECT TO SUBSTANCE ABUSE TESTING AS A CONDITION OF HIRING AND CONTINUED EMPLOYMENT. DRUGS TESTED FOR: MARIJUANA, COCAINE, PCP, OPIATES AND AMPHETAMINES.

LIST ALL CURRENT LICENSES AND/OR AREAS OF CERTIFICATION (IF NOT INDICATED ABOVE):

LIST ALL EQUIPMENT (OFFICE, TRADE OR LABORATORY) THAT YOU OPERATE PROFICIENTLY:

LIST ANY OTHER TRAINING, SKILLS, APTITUDES AND QUALIFICATIONS WHICH YOU FEEL ARE RELEVANT TO THE TYPE OF EMPLOYMENT YOU ARE SEEKING:

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES OR IN A STATE MILITIA?

<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT BRANCH:
	DATE OF ACTIVE SERVICE: FROM: _____ To: _____
	RANK AT DISCHARGE:

EMPLOYMENT

COMPANY NAME:	EMPLOYED FROM:	TO:
	MONTH: _____ YEAR: _____	MONTH: _____ YEAR: _____
ADDRESS:	STARTING SALARY:	ENDING SALARY:
	NAME OF SUPERVISOR:	
TELEPHONE NUMBER:	REASON FOR LEAVING:	
JOB TITLE AND DUTIES		

COMPANY NAME:	EMPLOYED FROM:	TO:
	MONTH: _____ YEAR: _____	MONTH: _____ YEAR: _____
ADDRESS:	STARTING SALARY:	ENDING SALARY:
	NAME OF SUPERVISOR:	
TELEPHONE NUMBER:	REASON FOR LEAVING:	
JOB TITLE AND DUTIES:		

COMPANY NAME:	EMPLOYED FROM:	TO:
	MONTH: _____ YEAR: _____	MONTH: _____ YEAR: _____
ADDRESS:	STARTING SALARY:	ENDING SALARY:
	NAME OF SUPERVISOR:	
TELEPHONE NUMBER:	REASON FOR LEAVING:	
JOB TITLE AND DUTIES:		

COMPANY NAME:	EMPLOYED FROM:	TO:
ADDRESS:	STARTING SALARY:	ENDING SALARY:
	NAME OF SUPERVISOR:	
TELEPHONE NUMBER:	REASON FOR LEAVING:	
JOB TITLE AND DUTIES:		

IF CURRENTLY EMPLOYED, MAY YOUR EMPLOYER BE CONTACTED AT THIS TIME FOR A REFERENCE? Yes No

STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING:

I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND AND AGREE THAT ANY FALSE INFORMATION, MISREPRESENTATION OR CONCEALMENT OF FACT IS SUFFICIENT GROUNDS FOR EITHER IMMEDIATE DISCHARGE WITHOUT RECOURSE OR REFUSAL OF ELEMENT BY COX & COMPANY, INC.

I UNDERSTAND AND AGREE THAT COX & COMPANY, INC. MAY VERIFY ALL INFORMATION IN THIS APPLICATION. I ALSO UNDERSTAND THAT ANY EMPLOYMENT IS SUBJECT TO A SATISFACTORY CHECK OF REFERENCES AND SATISFACTORY RESULTS OF ANY MEDICAL EXAMINATION. I HEREBY AUTHORIZE ALL INDIVIDUALS AND ORGANIZATIONS NAMES OR REFERRED TO MY EMPLOYMENT, WORK HABIT AND CHARACTER AND HEREBY RELEASE SUCH INDIVIDUALS, ORGANIZATIONS AND COX & COMPANY, INC. FROM ANY LIABILITY FOR ANY CLAIM OR DAMAGE WHICH MAY RESULT.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND EACH OF THE ABOVE STATEMENTS.

SIGNATURE: _____ DATE: _____

APPLICANT – DO NOT WRITE BELOW THIS LINE

DATE INTERVIEWED: _____ INTERVIEWED BY: _____

COMMENTS: _____

DATE OF 2ND INTERVIEW: _____ INTERVIEWED BY: _____

COMMENTS: _____

EVALUATION

SPELLING: _____ GRAMMAR: _____ JOB CLASS: _____

TECHNICAL _____ TYPING: _____ CATEGORY: _____

1 2 3 4 5 6 7 8

HIRE? _____ REASON FOR REJECTION: _____

YES

NO

START DATE: _____ STARTING SALARY: _____ PER: _____

POSITION: _____ DEPARTMENT: _____

BY: _____ DATE: _____

VOLUNTARY DISCLOSURE FORM

Name:		Date:
<p>Regulations issued by the US Department of Labor with respect to handicapped individuals, disabled veterans, and Vietnam era veterans require that federal contractors provide a self-identification opportunity to employees and applicants for employment. Such self-identification and any information provided are submitted (a) on a voluntary basis, (b) on a confidential basis, (c) for use only in accordance with regulations, and (d) without subjecting the individual to adverse treatment. Self-identification and requests for accommodations may be made now or at any time in the future.</p>		
ARE YOU AN INDIVIDUAL WITH A DISABILITY?		
Do you have a physical or mental impairment which substantially limits one or major activity, have a record or such impairment, or are regarded as having such an impairment.		Yes
		No
ARE YOU A VIETNAM ERA VETERAN?		
Have you served on active duty for a period of more than 180 days in the Republic of Vietnam during the years 2/28/61 and 5/7/75 or in all other cases during the years 8/5/64 and 5/7/75 and were discharged or released with other than an honorable discharge or were you discharged or released from active duty for a service-connected disability?		Yes
		No
ARE YOU A DISABLED VETERAN?		
Are you entitled to disability compensation under law administered by Veteran's Administration for disability rated 30% or more OR discharged/released from active duty for disability incurred or aggravated in the line of duty?		Yes
		No
ARE YOU A SPECIAL DISABLED VETERAN?		
Have you been discharged/released from active duty because of service-connected disability or entitled to disability compensation [or who, but for receipt of military retired pay, would be entitled to disability compensation] for a disability (i) rated at 305 or more, (ii) rated at 105 or 205 and under 38 U.S.C. 3106 has been determined to have a serious employment handicap?		Yes
		No
ARE YOU AN OTHER PROTECTED VETERAN?		
Includes any veteran who served on active duty in the U.S. military, ground, navel or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.		Yes
		No
ARE YOU A RECENTLY SEPARATED VETERAN?		
Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.		Yes
		No
ARE YOU AN ARMED FORCES SERVICE MEDAL VETERAN?		
Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.		Yes
		No

TO ALL APPLICANTS AND PERSONNEL: This Voluntary Disclosure Form will be filed separately from the Employment Application.

Name _____ Date _____
(Please print)

Please read the descriptions, and check (✓) once race to indicate what you consider yourself to be. If you decline to self-identify, by law, a visual identification may be used.

_____ **White**

A person having origins in any of the original peoples of Europe, the Middle East, or North America.

_____ **Black or African American**

A person having origins in any of the black racial groups of Africa.

_____ **Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. (A person who answers YES to the question – are you Hispanic or Latino.)

_____ **American Indian or Alaskan native**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **Asian**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.

_____ **Native Hawaiian or Other Pacific Islander**

A person having origins in any of the original peoples of Hawaii, Guam, or Other Pacific Island Islands.

_____ **Two or more Races**

All persons who identify with more than one of the above races (Not Hispanic or Latino) – Detailed specific races are not required, but will be preserved when indicated.

Employee Name: _____

Date: _____

CFR 49 Section 40.25 requires Department of Transportation (DOT) regulated companies to check the record of new employee who were previously employed by a DOT regulated employer.

- 1) Have you been employed by any DOT regulated aviation company within the last 24 months prior to the date of your application or transfer to a safety-sensitive position? (Check one.)

YES

NO

If yes, please provide the name and address of the facility. (If more than one, list the names and addresses on the back of this form.)

- 2) Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? (Check one.)

YES

NO

SIGNED: _____

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT
OF A CONSUMER AND/OR INVESTIGATIVE REPORT**

I, the undersigned consumer, do hereby authorize Cox and Company, Inc., by and through its independent contractor, MIND YOUR BUSINESS, INC. ("MYB"), to procure a consumer report and/or investigative consumer report on me.

These above mentioned reports may include, but are not limited to, employment and education verification; personal references; citations; a social security number verification; present and former addresses; criminal and civil history/record; and any other public record; and any other information bearing on my credit standing, credit capacity, worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that the investigative consumer report I have authorized above may include information obtained by interviews with my neighbors, friends and/or associates and/or others with whom I am acquainted or who may have knowledge concerning said information. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon written request to MYB that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Cox and Company, Inc., by and through MYB, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, ***including alcohol and controlled substance information from previous employers.***

I hereby release Cox and Company, Inc., MYB and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

PRINTED NAME: _____
First Middle Last Maiden/Other (**within past 7 years only**)

SIGNATURE: _____ DATE: _____

COMPLETE RESIDENCE ADDRESS: _____
Street Number/P.O. Box Street Name

City State Zip Code County

SOCIAL SECURITY NUMBER: _____

DAYTIME TELEPHONE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

DATE OF BIRTH*: _____ GENDER*: _____

Alternatively, you may elect to call MYB directly at (888) 758-3776 X9909 to leave your Date of Birth or Social Security Number.

*** This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.**

PLEASE LIST ALL ADDITIONAL RESIDENCES THAT YOU HAVE RESIDED IN THE PAST FIVE (5) YEARS:

Street Number/P.O. Box Street Name City State Zip Code County

Street Number/P.O. Box Street Name City State Zip Code County

Street Number/P.O. Box Street Name City State Zip Code County

- Minnesota employees – Please check here to have a copy of your Investigative Report mailed to you.
- California employees – Please check here to have a copy of your Investigative Report mailed to you.
- Oklahoma employees – Please check here to have a copy of your Investigative Report mailed to you.