



EXECUTIVE TRAVEL

A BCD Travel Affiliate

An Equal Opportunity Employer

Application for Employment

All applicants for employment must complete this questionnaire. Failure to provide complete and accurate information may disqualify you from further consideration or delay the presentation of an offer of employment.

Personal Data

Name _____ Social Security Number _____
(last) (first) (middle)

Address _____
(number) (street) (city) (state) (zip code) (how long)

Previous Address _____
(number) (street) (city) (state) (zip code) (how long)

Telephone # (_____) (_____) Are you 18 years of age or older? Yes No
(day) (evening)

Are you either a citizen of the United States, a lawful permanent resident of the United States, or authorized to work indefinitely in the United States? Yes No Proof of eligibility is required upon employment.

General Data

Position applied for? _____ Desired wage/salary? _____

Date you are available for work _____ Who referred you to our company: _____

Have you ever worked for BCD Travel or any of its predecessor companies, affiliates, or sister companies?

Yes No

If yes, give last title and dates of employment: _____

List any relatives who are currently employed by BCD Travel: _____

State any limitations on your working hours such as shift work, overtime work, weekend work, etc. _____

To be considered "qualified" under the Americans with Disabilities Act (and State Disability Laws), an applicant must be able to perform the essential functions of the job with or without a reasonable accommodation. "Reasonable Accommodation" is a modification or adjustment to a job, the work environment or the way things usually are done that enables a qualified individual with a disability to enjoy an equal employment opportunity. Please review the job description you are given and answer the following questions:

Can you perform the essential functions of the position for which you have applied, with or without an accommodation by the Company? Yes No

If you answered "No", please identify what job functions you can not perform, with or without an accommodation by the Company.

Have you ever been convicted of, or plead guilty or nolo contendere to a felony? (Exclude any sealed or expunged convictions. California residents - marijuana-related offenses that are more than two years old need not be listed. Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction or guilty plea will be evaluated on its own merits with respect to time, circumstances and seriousness in relation to the job for which you are applying. However, failure to disclose such information may result in disqualification of your application or termination of employment.)

Yes No

If yes, when: _____ What was the conviction? _____

Please provide details: _____

Skills

Software packages _____

Typing _____ wpm Data Entry _____ kph

Other skills that you feel are helpful to this application _____

Employment History

Please complete in full even if a resume is attached

Position Title:						Immediate supervisor name:		Full-time ()		
Employer:								Part-time ()		
Street Address:						Title:		Temporary()		
City, State, ZIP								Contract ()		
Employer Phone No:						Supervisor's phone #:		Give average # of hours worked per week if part-time:		
Starting Date		Leaving Date		Current/ Final Salary	Technical ()		May we contact? Yes No			
Mo	Day	Yr	Mo		Day	Yr	Non-Managerial ()			If supervisory, number of employees you managed?
						Supervisor/Mgr ()				
Summary of experience:										
 Specific reason for leaving:										

May we contact the above employer for a reference? Yes No

State any other name you may have worked under _____

Position Title:						Immediate supervisor name:		Full-time ()		
Employer:								Part-time ()		
Street Address:						Title:		Temporary()		
City, State, ZIP								Contract ()		
Employer Phone No:						Supervisor's phone #:		Give average # of hours worked per week if part-time:		
Starting Date		Leaving Date		Current/ Final Salary	Technical ()		May we contact? Yes No			
Mo	Day	Yr	Mo		Day	Yr	Non-Managerial ()			If supervisory, number of employees you managed?
						Supervisor/Mgr ()				
Summary of experience:										
 Specific reason for leaving:										

May we contact the above employer for a reference? Yes No

State any other name you may have worked under _____

Position Title:						Immediate supervisor name:		Full-time ()		
Employer:								Part-time ()		
Street Address:						Title:		Temporary()		
City, State, ZIP								Contract ()		
Employer Phone No:						Supervisor's phone #:		Give average # of hours worked per week if part-time:		
Starting Date		Leaving Date		Current/ Final Salary	Technical ()		May we contact? Yes No			
Mo	Day	Yr	Mo		Day	Yr	Non-Managerial ()			If supervisory, number of employees you managed?
						Supervisor/Mgr ()				
Summary of experience:										
 Specific reason for leaving:										

May we contact the above employer for a reference? Yes No

State any other name you may have worked under _____

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain _____

Explain any periods of unemployment in the last five years: _____

Please list any persons whom we may contact who know your employment qualifications, such as present or former supervisors, former teachers or professors, or associates now with our organization. Do not list relatives.

Name / Position	Company Name & Address	Telephone	Years Known

Education History

School	City and State	Dates From:	Mo/Yr. To:	Course of Study	Degree
High School (last attended):					
College or University:					
College or University:					
Business, Technical, or Graduate School:					

Note: Applicants may be required to provide proof of diploma, degree, transcripts, licences or certifications.

Professional certificates or designations: _____

Do you speak, read and/or understand any foreign languages? Yes No If yes, which language? _____

Special study courses and training (Exclude those which indicate race, sex, sexual orientation, national origin, age, physical or mental disability, medical condition, religion, marital or veteran status of its members).

Additional Information

Use this section to provide any additional comments about yourself, which you think are important. You may wish to include any training, education or special skills you have or rewards received.

Agreement – Please Read Carefully Before Signing

I certify that the information contained in this application is correct to the best of my knowledge. I understand that any misstatement or omission of information is grounds for dismissal. I authorize investigation of all statements contained in this application, including my response to the inquiry concerning any felony conviction record, and understand my employment is contingent upon satisfactory completion of such investigation. I further authorize the employers listed herein to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing that information to you.

I understand that the Company may investigate my driving record, as provided under state law, and I give the Company permission to do so. I also give the Company my authorization for the procurement of a consumer report or a consumer investigation report on me, and understand that this information may be used to make an employment decision affecting me.

Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being made an offer of employment must produce documents, which are specified by the federal government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two hours after commencement of employment. You will also be required to sign a Form I-9 (issued by the federal government) verifying, under oath, your employment authorization.

I understand that, if I am hired, my employment shall be "at will" and can be terminated by the employer or employee with or without cause. I further understand that, if I am hired, the terms and conditions of my employment, including compensation and benefits, can be changed at the discretion of the Company upon notice to me. Any alteration of the "at will" status of my employment or the terms and conditions of my employment must be made in a written employment agreement signed by me and by the CEO of BCD Travel.

Signature of Applicant _____ Date _____
(Application will not be considered without signature and date)

(If Applicable, as Required by Client)

I understand that some clients may require a urinalysis be conducted as part of my pre-employment examination and periodically throughout my employment. Upon notice of such testing, I consent to provide a sample of my urine for analysis and testing for the presence of controlled substances. I also understand the use, possession, sale or transfer of alcohol, narcotics, hallucinogens, depressants, stimulants, marijuana, or other controlled substances may affect (i) my eligibility for employment and (ii) the continuation of my employment, since my potential employment (and the continuation of such employment) may be contingent upon, among other things, successful completion of the testing for such substances. I agree to abide by any decision made by BCD Travel in this regard.

Signature of Applicant _____ Date _____
(Application will not be considered without signature and date)

BCD Travel does not discriminate in employment practices on the basis of race, color, religion, sex, sexual orientation, age, national origin, veteran status or disability status.

AFFIRMATIVE ACTION INFORMATION FORM

BCD Travel is an equal opportunity/affirmative action employer in all of its personnel actions. We encourage people of all ethnic backgrounds to pursue opportunities with our Company at all levels of jobs.

Pursuant to our Affirmative Action obligations and as a part of an annual Equal Employment Opportunity filing requirement, we are required by law to report the numbers of people employed and applying for employment at our company by ethnic group. We would appreciate your completing the information below, but your participation is voluntary. This information is to be used only for purposes of fulfilling the requirements imposed by law and will not become a part of a personnel file.

To assist in appropriate identification, an employee or applicant may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. In general, it is expected that employees or applicants identifying with a particular race must have a significant percentage of their parentage in that race or culture, and would base their identification on the definitions as given.

- WHITE - (NOT OF HISPANIC ORIGIN)** includes persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK - (NOT OF HISPANIC ORIGIN)** includes all persons having origins in any of the Black racial groups.
- ASIAN OR PACIFIC ISLANDER** - includes all persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Korea, the Philippine Islands, Samoa and India.
- AMERICAN INDIAN OR ALASKAN NATIVE** - includes persons having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- HISPANIC** - includes all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.

Signature

Print Name

Date

HANDICAPPED, DISABLED VETERAN AND/OR VIETNAM ERA VETERAN

For the purpose of maintaining records of employees/applicants who are handicapped, disabled veterans and/or Vietnam era veterans, we would appreciate your cooperation in completing the information below. This information is to be used for purposes of fulfilling the requirements as legislated by Federal Regulations* and will not become a part of a personnel file and your decision to provide or not to provide it will not result in any adverse treatment. If you are handicapped/disabled, please describe the nature of your handicap/disability in the space provided below.

DEFINITIONS

- HANDICAPPED** "Handicapped Individual" means any person who (1) has a physical or impairment which substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such and impairment.
- DISABLED VETERAN** "Disabled Veteran" means a person entitled to disability compensation under laws administered by the Veterans' Administration for disability rated a thirty per centum or more of a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- VIETNAM ERA VETERAN** "Veteran of the Vietnam Era" means a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefore with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.
- OTHER VETERAN** Veteran who served in the military, ground, naval or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

NATURE OF HANDICAP/DISABILITY _____

Signature _____

Date _____

*Rehabilitation Act of 1973 as amended by the Rehabilitation Act of 1974; The Vietnam Era Veterans Readjustment Assistance Act of 1972, as amended in 1974.

FORM A

Written Notice

Applicant, please keep this for your records.

The Fair Credit Reporting Act, as amended, requires that we inform you that as part of consideration of your application for employment, and during your employment with us, if hired, [or, as part of your continuing employment with us] an inquiry may be made and a consumer report or a consumer investigative report prepared by a consumer reporting agency at our request. The report may provide information concerning your character, general reputation, personal characteristics, and mode of living. The information may be obtained through personal interviews with people who may have such information.

Within a reasonable time after receipt of this notice, you may request additional information as to the nature and scope of the inquiry. If you make such a request, we will provide the information to you within five days of our receipt of the written request. If you have any questions regarding this inquiry, please contact the Human Resource department.

First Advantage Incorporated
Background Investigation Authorization/Disclosure

I authorize First Advantage, a Consumer Reporting Agency or any of its agents to procure an investigative consumer report for employment purposes, which may include information about my character, background, general reputation, personal characteristics, or mode of living. I understand that I have the right to request, in writing, information pertaining to the nature and scope of the investigation and a written summary of my rights under the Fair Credit Reporting Act. I understand that before adverse action, including the denial of my employment can be taken against me in whole or in part due to a consumer report, I will be provided with a copy of the report and a written summary of my rights under the Fair Credit Reporting Act. I also understand I may have additional rights under applicable state law.

I authorize all government agencies, state department of motor vehicles, corporations, companies, educational institutions, persons, law enforcement agencies, workers' compensation agencies, criminal, civil and federal courts, and former employers to release information they may have about me and release them from any liability and responsibility from doing so. Any copy of this authorization shall have the same authority as the original.

Signature _____ **Date** _____

Print Name _____

Other Information: Please print clearly

Please list all addresses for the last 7 years:
Please print clearly

Name (First, MI, Last)

Current address (number and street)

Maiden or other names used and dates used*

Current address (city, state, ZIP)

"From" Date "To" Date

Social Security Number

First prior address (number and street)

First prior address (city, state, ZIP)

Drivers License number and state

"From" Date "To" Date

Date of Birth (for criminal check)*

Second prior address (number and street)

Second prior address (city, state, ZIP)

"From" Date "To" Date

*This information will be used for purposes of identification only. Federal law prohibits discrimination in employment on the basis of age, race, creed, religion, sex, or national origin. Many states also prohibit some or all of the above types of discrimination and discrimination based in marital status.

Third prior address (number and street)

Third prior address (city, state, ZIP)

"From" Date "To" Date

For CA based employees only:

I do wish to receive a copy of the above-referenced background checks.

I do not wish to receive a copy of the above-referenced background checks.