

For Official Use Only:

Position Title: _____ Safety Sensitive: YES NO Coordinator: _____
Hiring Manager: _____ Start Date: _____ Department: _____

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

NAME: _____



INSTRUCTIONS

- Fully complete this application.
- Please read and sign the Acknowledgements on page 6.
- Please read and complete the Affirmative Action Information on the final page at the end of this application. Completion of this is entirely voluntary and the failure to do so will not subject you to any adverse treatment.
- Safety sensitive positions require ten (10) years employment history to date.
- Non-Safety sensitive positions require five (5) years employment history to date.

NetJETS Services, Inc.
4111 Bridgeway Avenue
Columbus, OH 43219

A. PERSONAL INFORMATION

1	FULL NAME - LAST	FIRST	MIDDLE	SOCIAL SECURITY NO.
2	PRESENT ADDRESS - STREET	CITY	COUNTY	STATE ZIP CODE AREA CODE - PHONE NO.
3	PERMANENT ADDRESS - STREET	CITY	COUNTY	STATE ZIP CODE AREA CODE - PHONE NO.
3	EMAIL ADDRESS <input type="checkbox"/> OFFICE <input type="checkbox"/> HOME	OTHER/ ALTERNATE NUMBERS		CELL PHONE
4	HAVE YOU EVER APPLIED FOR WORK OR BEEN EMPLOYED BY THIS COMPANY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, SPECIFY LOCATION, DEPARTMENT AND DATES	PRESENT WORK PHONE NO.
5A	HAVE YOU EVER BEEN A TEMPORARY, INTERN OR CONTRACTED EMPLOYEE WORKING AT NETJETS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, SPECIFY LOCATION, DEPARTMENT AND DATES	
5B	DO YOU HAVE ANY RELATIVES OR HOUSEHOLD MEMBERS EMPLOYED BY NETJETS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, SPECIFY NAME(S), DEPARTMENT(S) AND LOCATION(S)	
6	FOR REFERENCE PURPOSES: If you have ever been known by or used another name (e.g., married or maiden name, etc.), specify name and date.	NAME AND DATE		
7	ARE YOU A U.S. CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHAT AUTHORIZATION DO YOU HAVE TO WORK IN THE U.S.?	
8A	HAVE YOU BEEN CONVICTED OF A MISDEMEANOR? A conviction will not necessarily result in denial of employment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN	
8B	HAVE YOU BEEN CONVICTED OF A FELONY? A conviction will not necessarily result in denial of employment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN	
9	ARE YOU CURRENTLY USING DRUGS ILLEGALLY?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
10	HAVE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY FILED A CLAIM, LAWSUIT OR OTHER PROCEEDING AGAINST ANY BERKSHIRE HATHAWAY COMPANY OR ITS SUBSIDIARIES? IF YES, PLEASE DESCRIBE. <input type="checkbox"/> YES <input type="checkbox"/> NO			

B. EMPLOYMENT INTEREST

TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> INTERN	WHAT POSITION OR AREAS OF INTEREST ARE YOU SEEKING?	WILL YOU RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO
	MINIMUM SALARY REQUIREMENT	GEOGRAPHIC PREFERENCE	<input type="checkbox"/> OCCASIONALLY
	DATE AVAILABLE FOR WORK	WILL YOU PERFORM SHIFT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO RESTRICTIONS

C. EDUCATION RECORD

	NAME AND LOCATION OF SCHOOL	DATES ATTENDED				MAJOR SUBJECT AND DEGREE CONFERRED	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	GED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE		GRADE POINT AVERAGE
		FROM		TO					MO.	YR.	
		MO.	YR.	MO.	YR.						
1	HIGH SCHOOL										
2	VOCATIONAL OR TECH. SCHOOL										
3	COLLEGE OR UNIVERSITY										
4	COLLEGE OR UNIVERSITY										
5	GRADUATE SCHOOL										

6 PROFESSIONAL CERTIFICATIONS OR LICENSES. PLEASE LIST. ARE THEY CURRENT? YES NO

7 DEGREE IN PROGRESS

8 SCHOLASTIC HONORS (FELLOWSHIPS, SCHOLARSHIPS, SPECIAL AWARDS, ETC.)

9 COMPUTER SKILLS: LIST OPERATING SYSTEMS AND SOFTWARE PACKAGES YOU ARE FAMILIAR WITH

10 LIST MACHINES/EQUIPMENT YOU ARE QUALIFIED TO OPERATE AND ANY OTHER SKILLS YOU POSSESS

D. MILITARY EXPERIENCE

1	TYPE OF MILITARY SERVICE	HIGHEST RANK ATTAINED	TYPE OF DISCHARGE	DATE OF DISCHARGE

2 MILITARY OCCUPATION SPECIALTY AND / OR MAJOR DUTIES

E. ACTIVITIES

1 LIST ANY SCHOOL, PROFESSIONAL, TRADE, BUSINESS OR CIVIC ORGANIZATIONS IN WHICH YOU HAVE PARTICIPATED AND OFFICES HELD, YOU MAY OMIT THOSE THAT INDICATE AGE, SEX, RACE, COLOR, REGION, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, OR STATUS AS A DISABLED VETERAN OR VIETNAM ERA VETERAN.

2 LIST ANY SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, OR AWARDS. YOU MAY OMIT THOSE THAT INDICATE AGE, SEX, RACE, COLOR, RELIGION, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, OR STATUS AS A DISABLED VETERAN OR VIETNAM ERA VETERAN.

F. EMPLOYMENT EXPERIENCE

EMPLOYMENT: Please list all employment, starting with your most recent position. Use the addendum or extra sheet of paper if needed.

PRESENT OR LAST POSITION	1	FROM	COMPANY NAME	SUPERVISOR'S NAME	PHONE NUMBER	SUPERVISOR'S TITLE	
		MO. YR.					
			COMPANY ADDRESS				CITY COUNTY STATE ZIP CODE
			TO LIST JOB TITLE AND EXPLAIN DUTIES				
		MO. YR.					
			STARTING SALARY OR RATE	FINAL SALARY OR RATE	REASON FOR LEAVING <input type="checkbox"/> RESIGNED <input type="checkbox"/> DISCHARGED <input type="checkbox"/> LAID OFF (EXPLAIN)		
		HOME ADDRESS WHILE EMPLOYED		STREET	CITY COUNTY STATE	ZIP CODE	
		MAY WE CALL YOUR PRESENT EMPLOYER NOW?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHEN MAY WE CALL?		

NEXT PREVIOUS POSITION	2	FROM	COMPANY NAME	SUPERVISOR'S NAME	PHONE NUMBER	SUPERVISOR'S TITLE	
		MO. YR.					
			COMPANY ADDRESS				CITY COUNTY STATE ZIP CODE
			TO LIST JOB TITLE AND EXPLAIN DUTIES				
		MO. YR.					
			STARTING SALARY OR RATE	FINAL SALARY OR RATE	REASON FOR LEAVING <input type="checkbox"/> RESIGNED <input type="checkbox"/> DISCHARGED <input type="checkbox"/> LAID OFF (EXPLAIN)		
		HOME ADDRESS WHILE EMPLOYED		STREET	CITY COUNTY STATE	ZIP CODE	

NEXT PREVIOUS POSITION	3	FROM	COMPANY NAME	SUPERVISOR'S NAME	PHONE NUMBER	SUPERVISOR'S TITLE	
		MO. YR.					
			COMPANY ADDRESS				CITY COUNTY STATE ZIP CODE
			TO LIST JOB TITLE AND EXPLAIN DUTIES				
		MO. YR.					
			STARTING SALARY OR RATE	FINAL SALARY OR RATE	REASON FOR LEAVING <input type="checkbox"/> RESIGNED <input type="checkbox"/> DISCHARGED <input type="checkbox"/> LAID OFF (EXPLAIN)		
		HOME ADDRESS WHILE EMPLOYED		STREET	CITY COUNTY STATE	ZIP CODE	

NEXT PREVIOUS POSITION	4	FROM	COMPANY NAME	SUPERVISOR'S NAME	PHONE NUMBER	SUPERVISOR'S TITLE	
		MO. YR.					
			COMPANY ADDRESS				CITY COUNTY STATE ZIP CODE
			TO LIST JOB TITLE AND EXPLAIN DUTIES				
		MO. YR.					
			STARTING SALARY OR RATE	FINAL SALARY OR RATE	REASON FOR LEAVING <input type="checkbox"/> RESIGNED <input type="checkbox"/> DISCHARGED <input type="checkbox"/> LAID OFF (EXPLAIN)		
		HOME ADDRESS WHILE EMPLOYED		STREET	CITY COUNTY STATE	ZIP CODE	

5	DO YOU HAVE AN AGREEMENT WITH ANY CURRENT OR FORMER EMPLOYERS THAT IN ANY WAY RESTRICTS FUTURE EMPLOYMENT ACTIVITIES? IF YES, PLEASE INCLUDE A COPY OF THE AGREEMENT.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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6	NOTE ANY AND ALL REASONS FOR GAPS IN YOUR EMPLOYMENT HISTORY.									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">FROM</td> <td style="width: 10%;">TO</td> <td style="width: 80%;"></td> </tr> <tr> <td>MO. YR.</td> <td>MO. YR.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	FROM	TO		MO. YR.	MO. YR.				
FROM	TO									
MO. YR.	MO. YR.									

SIGNATURE: _____ DATE: _____

Do you have a driver's license at present? If yes, provide the following information. <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE	TYPE <input type="checkbox"/> CDL <input type="checkbox"/> Regular	DRIVER'S LICENSE NO.	EXPIRATION DATE	MONTH OF BIRTH	DAY OF BIRTH
Have you been involved in any motor vehicle accident while driving in the last three (3) years? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN					
List all violations of motor vehicle laws or ordinances for which you were convicted or forfeited bond or collateral in the last three (3) years (excluding parking violations).						
Have you ever been convicted for driving while intoxicated, reckless driving or possession of non-prescription drugs? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN					
Have you ever had a license, permit or privilege to operate a motor vehicle suspended, revoked or denied? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN					
Have you tested positive for drugs or alcohol or refused to submit to testing during the past five (5) years? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN					
Have you ever been convicted of a felony or a misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN					

YOUR SIGNATURE ON THIS PAGE IS REQUIRED

ACKNOWLEDGEMENTS

Please read

1. I certify that all statements I have made in this application are true and understand that any misrepresentation or omission of facts requested may be sufficient cause for cancellation of my application or immediate dismissal from the Company if I have been employed. In the event I am employed, I agree to conform to the rules and policies of the Company. I understand that these rules and policies may be changed, interpreted, modified, withdrawn or added to at the Company's option at any time without notice.

2. I understand that employment is contingent upon meeting the physical requirements of the job and passing, to the Company's satisfaction, a drug screen. I understand that if I am applying for a safety-sensitive function, as a condition of the offer, I will be required by FAA Rules and Regulations to undergo a drug test to determine the presence of marijuana, cocaine, opiates, phencyclidine, amphetamines or a metabolite of these drugs in my system. Depending upon the nature of the job for which I am applying, I understand that the satisfactory completion of a conditional-offer medical examination may also be required.

3. I acknowledge the Company's notification to me that a background investigation or an investigative consumer report on me may be made. I understand that successful completion to the Company's satisfaction of such investigation(s) is required for employment or continued employment. I hereby authorize the company to conduct or have conducted the investigation(s) described above and to prepare or cause to be prepared a report based on such information. I further understand that, upon my written request, a complete disclosure of the nature and scope of the investigation(s) conducted will be provided to me.

4. I understand that my employment with the Company is an at-will basis, and that I may be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I acknowledge that I do not have a contract of employment with the Company and that, in the future, I will not have any contractual rights of employment unless such rights are made part of a written agreement executed by me and by a Senior Vice President or higher level officer of the Company.

5. I agree that the Company's liability to me for wages is limited to the amount earned by me as of the date of such termination. I also authorize the Company to deduct at any time any monies owed by me to the Company whenever such deduction is not prohibited by law.

6. I understand that federal law prohibits the employment of unauthorized aliens and that all persons hired must submit satisfactory proof of employment authorization and identify generally within three days of being hired. I further understand that the failure to submit such proof within the required time will result in my immediate dismissal from the Company if I have been employed.

7. I understand that my disclosure of prior convictions for criminal or traffic offenses will not necessarily prevent my employment with the Company; however, the omission of this requested information will be sufficient cause for cancellation of my application or my immediate dismissal from the Company.

I HAVE READ AND UNDERSTAND THE ABOVE ACKNOWLEDGEMENTS.

SIGNATURE REQUIRED	DATE
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Voluntary Affirmative Action Information

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a medical condition or disability that can reasonably be accommodated, or any other legally protected status.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated. We comply with government regulations, including Affirmative Action obligations.

Please be advised that this information is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Completion of this page is entirely voluntary and the failure to do so will not result in any adverse action.

POSITION(S) APPLIED FOR _____

REFERRAL SOURCE

- | | |
|----------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ADVERTISEMENT | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> EMPLOYEE | <input type="checkbox"/> GOVERNMENT EMPLOYMENT AGENCY |
| <input type="checkbox"/> RELATIVE | <input type="checkbox"/> PRIVATE EMPLOYMENT AGENCY |
| <input type="checkbox"/> WALK-IN | |
| <input type="checkbox"/> OTHER _____ | |

NAME OF SOURCE (IF APPLICABLE) _____

MARK ONE:

- MALE
 FEMALE

MARK ONE OF THE FOLLOWING:

- HISPANIC
 BLACK
 WHITE
 AMERICAN INDIAN/ALASKAN NATIVE
 ASIAN/PACIFIC ISLANDER