



Global Technical Services
PO Box 161127
Ft. Worth, TX 76161-1127

p: (817) 847-6673
f: (817) 232-3905

EMPLOYEE DATA FORM

Name:			
	Last	First	Middle

Sex: (M/F)		SSN:		Employee Position:	
(A&P Mechanic, Sheet Metal, etc)					

DATE/PLACE OF BIRTH

Date of Birth:		Place of Birth:	
----------------	--	-----------------	--

PERMANENT ADDRESS

Permanent Address:					
City:		State:		Zip:	
Phone Number:					

DRIVER'S LICENSE

Driver's License Number:		State of Issue:	
Has your driver's license ever been suspended or revoked? YES NO			

PROFESSIONAL LICENSES

FAA A&P License Number:			
FCC License Number:			
Other Type of License:		Number:	

I certify the above information is true and correct. I understand that this information will be utilized by Global Technical Services, Inc. in the employment process.

Signature

Date



Global Technical Services
 PO Box 161127
 Ft. Worth, TX 76161-1127

p: (817) 847-6673
 f: (817) 306-0989

SECTION 1: TO BE COMPLETED BY APPLICANT

****PLEASE FILL OUT COMPLETELY****

In compliance with the FAA's "Permanent Bar Provision" which precludes "any person from performing the safety-sensitive functions that the individual was performing if that person has had two verified positive drug test results or two alcohol tests with results of .04 or higher, or if the individual used a prohibited drug while performing such safety-sensitive functions". Global Technical Services, Inc. is required to collect pertinent information from previous employers regarding the results of drug and alcohol testing for the last 2 years.

STAFFING AGENCIES & EMPLOYERS	PHONE / ADDRESS	DATES	EMPLOYMENT SITE, IF CONTRACTOR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you need additional space, please write on the back of this sheet.

I, _____, hereby authorize that the above named employers, or employers in conjunction with my past employment, to release and forward all information on my controlled substance and alcohol testing training records to Global Technical Services' Alcohol & Drug Abatement Program at: (800) 942-2376 EXT. 2164 FAX: (817) 306-0989

Have you ever tested positive or refused to take a pre-employment drug or alcohol test in the last 2 years?

___ Yes ___ No Signature _____ Date: _____

SSN: _____ - _____ - _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has the above applicant ever tested positive for a controlled substance ___ Yes ___ No
2. Has the above applicant had an alcohol test with a Breath Alcohol Concentration 0.04 or greater? ___ Yes ___ No
3. Has the above applicant refused a required alcohol or drug test? ___ Yes ___ No
4. Has the above applicant incurred any other FAA/DOT Violations? ___ Yes ___ No

If YES to any of the above, please list (on an additional page) the SAP's (Substance Abuse Professional's) name, address and phone for reference.

 Name of Person Providing Info in Sec. 2

 Your Company

 Date

 Job Title