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Company Name:

Date of Birth:

Applicant's Full Name:

Social Security Number:

APPLICANT: In the space provided below, please list your employment history for the past 10 years, beginning with your current or most recent employer......APPLICANT - DO NOT WRITE IN ANY OF THE GRAY AREAS. This application will be invalid if all of the requested information is not provided. Applicant please list any former aliases/nicknames/maiden names, etc:

COMPANY REPRESENTATIVE: In the gray area, you are required to verify each entry made by the Applicant. Furthermore, you must list the full names of the persons who provided you with the verification information and you must initial each entry and sign your name in the designated space at the bottom of this page to certify that you have complied with this official request.

INITIALS of persons conducting			
DATE & TIME OF CONTACT:			
HOW WAS INFO DBTAINED? by: Phone,	Jan		
FULL NAME & TITLE OF PERSON PROVIDING VERIFICATION (NFORMATION)			
FULL NAME & 1 PROVIDING INFOR			
NOTE VERIFIED DATES			
Employer's Current Phone Number with Area Code			
Employer's Complete Current Address			
D/YY			
Employment Dates MM/DD/YY		-	
Company Name & Supervisor's Name			

APPLICANT-NOTE: If you need additional space to enter all of your employers for the past 10 years, please utilize the official sheets provided to your employer by the Miami-Dade Aviation Department.

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Print Name Signature of Company Representative

Date

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APPLICANT: I, the APPLICANT: In the space provided below, please give a detailed explanation of any gaps in your employment history as listed on the front of this application

I, the APPLICANT, by signing below, do hereby certify that the information I have submitted on this application is true and correct to the best of my knowledge. I understand that deliberately providing false or misleading information may be grounds for the permanent revocation of my ID privileges. I further certify that in the past 10 years I have not been convicted or found "not guilty by reason of insanity" of any of the felony crimes listed below:

THE DISQUALIFYING CRIMINAL OFFENSES ARE AS FOLLOWS:

- Forgery of certificates, false marking of aircraft and other aircraft registration violation,
- nterference with air navigation,
- improper transportation of hazardous material,
- \ircraft piracy,
- Interference with flight crew members or flight attendants, Commission of certain crimes aboard an aircraft in flight,
- arrying a weapon or explosive aboard aircraft,
- Conveying false information and threats,
- Aircraft piracy outside the special aircraft jurisdiction of the United States,
- Lighting violations involving transporting controlled substances,
- 420580<u>5</u>5 established security requirements, Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers, contrary to
- Destruction of an aircraft or aircraft facility,
- Assault with intent to murder,
- \$\hat{3}\hat{3}\hat{5}\ pedition,

spionage,

- Sidnapping or hostage taking,
- reason,
- Rape or aggravated sexual abuse.
- Unlawful possession, use, sale, distribution, or, manufacture of an explosive weapon,
- extortion,
- Armed or felony unarmed robbery,
- Distribution of, or intent to distribute, a controlled substance,
- relony involving a threat, elony arson,
- Willful destruction of property; elony involving-
- mportation or manufacture of a controlled substance;

- Dishonesty, fraud, or misrepresentation;
- Possession or distribution of stolen property;
- Aggravated assault;
- Bribery; or
- llegal possession of a controlled substance punishable by a maximum term of imprisonment of more
- than 1 year.
- (27) Violence at international airports;
 (28) Conspiracy or attempt to commit any of the criminal acts listed in this paragraph.
- l, the APPLICANT understand that prior to receiving Airport ID Badge, I will be subject to a 10-year employment verification, and if applicable, may be subject to an FBI fingerprint-based criminal history check