

DHX-DEPENDABLE HAWAIIAN EXPRESS, DGX, DAX, OBA, Inc.

APPLICATION FOR EMPLOYMENT

Prospective employee will receive consideration without discrimination because of race, creed, color, sex age, national origin, handicap or veteran status.

PERSONAL:

Last Name:		First	Middle Int.	Date:
Street Address			Home telephone: ()	
City, State, Zip			Business telephone: ()	
Have you ever applied for employment with us? [] Yes [] No If yes: Month and Year Location			Social Security #	
Position Desired			Pay expected	
Apart from absence for religious observance, are you available for full time work? [] Yes [] No If not, what hours can you work?			Will you work overtime if asked? [] Yes [] No	
Are you legally eligible for employment in the United States? [] Yes [] No			When will you be available to begin work?	
Other special training or skills (languages, machine operation, etc.)				

EDUCATION:

School	Name and Location of School	Course of Study	No. of Years completed	Did you Graduate?	Degree or Diploma
Graduate				[] Yes [] No	
College				[] Yes [] No	
Business Trade/ Technical				[] Yes [] No	
High School				[] Yes [] No	
Elementary				[] Yes [] No	

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion or national origin)

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Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name	Telephone ()
Address	Employed (State month and Year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
State Job Title and Describe your Work	Reason for Leaving

Company Name	Telephone ()
Address	Employed (State month and Year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
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MILITARY	Did you serve in the U.S. Arm forces <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" in what Branch?
Describe any training received relevant to the position for which you are applying		

PLEASE ANSWER QUESTIONS IN THIS SECTION

The employer has checked the box next to the question, the information requested is need for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Right Act of 1984 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

Have you been convicted of a crime in the past ten years, Excluding misdemeanors and summary offenses, Which has not been annulled? Expunged or sealed by a court? Yes No If "Yes" describe in full

State names of relative and friends working for us.

SIGNATURE:

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature _____

Date _____

INFORMATION AND RELEASE AUTHORIZATION FORM

TO BE USED WHEN REFERENCE, EDUCATION OR LICENSE VERIFICATION OF INFORMATION IS REQUIRED
The information provided below is to be used to evaluate my employment application with (TRN6557) DHX, Inc.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY; CREDIT BUREAU; COLLECTION AGENCY; PRIVATE BUSINESS; MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY INFOLINK SCREENING SERVICES, INC.

I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.
 A photographic of faxed copy of this information & Release Form shall be as valid as the original.

I HEREBY AUTHORIZE YOU TO PROVIDE INFORMATION TO INFOLINK SCREENING SERVICES whose offices are at:
 9201 Oakdale Avenue, Suite 100, Chatsworth, CA 91311-6520
 Their phone numbers are PHN: (818/800) 990-HIRE (4473) or FAX (818) 709-2345

THE FOLLOWING MUST BE FILLED OUT COMPLETELY FOR YOUR APPLICATION TO BE CONSIDERED "PLEASE USE A PEN WITH BLACK INK".

(Please Print Clearly)

LAST NAME _____ FIRST NAME _____ Middle name/int. _____
 SOCIAL SECURITY NUMBER: _____ HOME ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____

Please provide the following information for each company listed on employment application (Use Additional Paper if Necessary):

COMPANY (1) (This is my Current Employer <input type="checkbox"/> Yes <input type="checkbox"/> No)	DATES OF EMPLOYMENT to	CITY / STATE
POSITION / DUTIES	SUPERVISOR	TELEPHONE # (Including area code)

COMPANY (2)	DATES OF EMPLOYMENT to	CITY / STATE
POSITION / DUTIES	SUPERVISOR	TELEPHONE # (Including area code)

COMPANY (3)	DATES OF EMPLOYMENT to	CITY / STATE
POSITION / DUTIES	SUPERVISOR	TELEPHONE # (Including area code)

COMPANY (4)	DATES OF EMPLOYMENT to	CITY / STATE
POSITION / DUTIES	SUPERVISOR	TELEPHONE # (Including area code)

May we contact your current employer? YES NO

Please provide the school, university or college name (highest level of education received) as used on employment application:

School: _____ Location: _____ Years Attended: _____ Deg: _____	School: _____ Location: _____ Years Attended: _____ Deg: _____
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Other cities and counties where you have lived within the past 7 years City: _____ County: _____ St: _____ Date: _____ City: _____ County: _____ St: _____ Date: _____	Personal References (Individuals with whom you have worked): Name: _____ Phone: (_____) _____ Name: _____ Phone: (_____) _____
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SIGNATURE _____ (Please sign) Today's Date: _____

In connection with my suitability for employment with DHX, Inc., or if employed, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment purpose from InfoLink Screening Services, Inc. (herein, InfoLink) from public records including, but not limited to, social security trace, motor vehicle history report/driving records, workers' compensation information and criminal history to the extent permitted by law from various local, state and federal agencies. Further, I understand that an Experian Employment Insight Report, TransUnion Pre-Employment Evaluation Report or Equifax Credit Report for Employment may be requested. Finally, I understand that an investigative consumer report may be requested, as required under §606(a)(1) of the Fair Credit Reporting Act (FCRA), 15 U.S.C. §1681 et seq., and I understand that this report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, as well as reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY CREDIT BUREAU, COLLECTION AGENCY, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR ANY OTHER PERSONS TO RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY INFO LINK DEEMED PERTINENT TO MY EMPLOYMENT.

In accordance with the Fair Credit Reporting act, the California Consumers Investigative and Credit Reporting Agencies Acts and the Federal Trade Commission staff opinions, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a reporting agency. If so, I will be so advised in writing and be given the name, address and toll free telephone number of the agency, a statement that the action was based in whole or in part on information contained in the report, and written notice that I have the right, if I request, (i) to obtain within sixty days a free copy of the report from the reporting agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other consumer reporting agency furnished by the reporting agency. I understand that upon my request, with reasonable notice and after furnishing proper identification, InfoLink's trained personnel will provide me with investigative information in my file during normal business hours in person, upon written request by certified mail to a specified addressee or by telephone as permitted by law. Further, I understand that should I wish to review my file in person, I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification.

I understand that InfoLink is a consumer reporting agency and it is InfoLink's policy to not be involved in or make hiring decisions or recommendations; however, I do understand that InfoLink will provide a written explanation of any coded information contained in my file. InfoLink's privacy policy limits the information it provides to the subscriber named herein; however, I hereby authorize the subscriber to such information with parties in interest who need to know such information to protect them and their employees. Such information may include names and dates of other subscriber inquires to InfoLink. InfoLink does not sell or otherwise provide any of the information found in its background investigation to any other party.

I understand that any consumer report or investigative consumer report requested will be used strictly for employment purposes as defined under §603(h) and authorized under §604(a)(3)(B) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand and consent to the furnishing of workers' compensation information, after a conditional job offer, which may include my medical information including any and all injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. In addition, I understand that any offer of employment, promotion, reassignment or retention will be conditional upon the receipt of satisfactory information as required by the subscriber, and that to be considered for employment, promotion, reassignment or retention, I must authorize the procurement of such report(s). A photographic or faxed copy of this form shall be as valid as the original.

The following must be filled out completely and signed for your application to be considered.
(Please Print Legibly)

Last Name _____ First Name _____ Middle Name/Initial _____

Home Address _____

City _____ County _____ State _____ Zip Code _____

Social Security Number _____ Driver's License Number _____ State Issued _____

E-mail Address _____

For Identification Purposes, Please Provide: Month of Birth _____ (Jan-Dec) Day of Month Born _____ (1-31) Year of Birth _____
(Please supply full date of birth)

Have you used any names or social security numbers other than above? Yes No

Please List Other Names Used _____ Please List other Social Security Numbers Used _____

Signature Authorizing the Procurement of the Consumer Report and/or investigative Consumer Report _____ Today Date _____

I understand that in California, Minnesota or Oklahoma, if a consumer report and/or investigative consumer report (including any credit report) was requested, I may order a copy of such report and it will be mailed to me. Please send me a copy of my report.

InfoLink, Screening Services 9201 Oakdale Avenue, Suite 100, Chatsworth, California 91311-6520 © 1995-2003 InfoLink All Rights Reserved (803)
Phone # (818) 990-HIRE ♦ (800) 990-HIRE ♦ FAX (818) 709-2345 (Company ID: TRN6557)