



## EMPLOYMENT HISTORY

**Please list your present and past work experience for the last 10 years, beginning with your current job. You may include volunteer activities. If you need additional space, please continue your response on a separate page.**

Name of Employer:	From	To	
	Month      Year	Month      Year	
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 45%; height: 20px;" type="text"/>	<input style="width: 45%; height: 20px;" type="text"/>	<input style="width: 45%; height: 20px;" type="text"/>
Address: (Street, City, & State)		Telephone:	
Position:	Supervisor:		
Description of Duties:			
Reason for Leaving:			

Name of Employer:	From	To	
	Month      Year	Month      Year	
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 45%; height: 20px;" type="text"/>	<input style="width: 45%; height: 20px;" type="text"/>	<input style="width: 45%; height: 20px;" type="text"/>
Address: (Street, City, & State)		Telephone:	
Position:	Supervisor:		
Description of Duties:			
Reason for Leaving:			

Name of Employer:	From	To	
	Month      Year	Month      Year	
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 45%; height: 20px;" type="text"/>	<input style="width: 45%; height: 20px;" type="text"/>	<input style="width: 45%; height: 20px;" type="text"/>
Address: (Street, City, & State)		Telephone:	
Position:	Supervisor:		
Description of Duties:			
Reason for Leaving:			

**Please identify and explain all periods of unemployment in excess of one month during the past 10 years:**

Period of Unemployment:

From:

To:

Reason for Unemployment:

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To assist us to check records and to verify prior employment and education, please indicate whether you were ever employed or enrolled in a school under a name other than that used on this application:

Yes  No

If yes, please specify the name you were employed or enrolled under:

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If you are employed now, may we contact your current employer?

Yes  No

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations?

Yes  No

Are you a veteran of the United States military service?

Yes  No

If yes, please state branch of service: \_\_\_\_\_

Please list any job-related professional, trade, business or civic activities, organizations and associations. (You may omit those which indicate race, color, religion, national origin, ancestry, sex, age, or the existence of a disability):

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Please provide the names, addresses, and telephone numbers of at least two references who are not related to you:

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Person to be contacted in the event of an accident or emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**I hereby certify** that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by CAE TRANSPORT, INC., (hereafter “CAE”), unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom CAE contacts, to provide CAE, any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to CAE as well as from any use or disclosure of such information by CAE or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of CAE. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of CAE. I understand that no employee or representative of CAE, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the president of CAE may not alter the at-will nature of the employment relationship unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral, written, or collateral agreements regarding this issue.

I understand that CAE resolves any and all employment-related disputes, including those relating to the application/hiring process, pursuant to the alternative dispute resolution procedures set forth in its Arbitration Policy. Accordingly, **I understand that CAE and I waive any rights to a jury trial as to such disputes**, and agree to resolve any and all employment-related disputes in accordance with the CAE TRANSPORT, INC. Arbitration Policy, a copy of which will be made available upon request.

Further, the employer and I waive any right we may otherwise have to prosecute claims as a class member or participant in a representative class or collective action, (with the sole exception of claims brought under the Private Attorneys General Act of 2004 (“PAGA”)) and may bring a claim under this policy only in an individual capacity.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of a post-offer medical examination.

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Signature of Applicant

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Date