

Application for Employment Crawford County Regional Airport Authority

EQUAL OPPORTUNITY EMPLOYER - DRUG-FREE WORK ENVIRONMENT

POSITION APPLIED FOR _____ **DATE OF APPLICATION** ____/____/____

NAME _____
 LAST **FIRST** **MIDDLE**

ADDRESS _____
 STREET **CITY** **STATE** **ZIP**

TELEPHONE (____) _____ - _____ **SOCIAL SECURITY NUMBER** _____ - _____ - _____

Email address _____

Have you filed an application with us previously?..... **YES** **NO**

Have you ever been employed here before? **YES** **NO**

Are you legally eligible for employment in this country? **YES** **NO**

(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work ____/____/____

Type of employment desired: Full-Time Part-time Temporary Seasonal Educational Co-op

Are you available for any shift and/or weekends? **YES** **NO**

Have you ever been convicted by a court of law within the past seven years? **YES** **NO**

(A non-job-related conviction does not necessarily bar you from employment)

If yes, please explain _____

May we contact your present employer? **YES** **NO**

EMPLOYMENT HISTORY List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

FROM	TO	EMPLOYER	TELEPHONE () -
JOB TITLE		ADDRESS	CITY STATE
IMMEDIATE SUPERVISOR AND TITLE		Summarize the nature of work performed and job responsibilities	
REASON FOR LEAVING		HOURLY RATE/SALARY Start \$ _____ per _____ Final \$ _____ per _____	
FROM	TO	EMPLOYER	TELEPHONE () -
JOB TITLE		ADDRESS	CITY STATE
IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING		HOURLY RATE/SALARY Start \$ _____ per _____ Final \$ _____ per _____	
FROM	TO	EMPLOYER	TELEPHONE () -
JOB TITLE		ADDRESS	CITY STATE
IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING		HOURLY RATE/SALARY Start \$ _____ per _____ Final \$ _____ per _____	
FROM	TO	EMPLOYER	TELEPHONE () -
JOB TITLE		ADDRESS	CITY STATE
IMMEDIATE SUPERVISOR AND TITLE			
REASON FOR LEAVING		HOURLY RATE/SALARY Start \$ _____ per _____ Final \$ _____ per _____	

SKILLS, QUALIFICATIONS AND LICENCES

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with the CCRAA including CDL qualifications and Heavy Equipment Operation/Repair.

EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE		DEGREE	MAJOR
OTHER			

REFERENCES

NAME	TELEPHONE	YEARS KNOWN
	AREA CODE () -	
	AREA CODE () -	
	AREA CODE () -	

How did you learn about us? _____

We are an Equal Opportunity Employer and a tobacco free entity.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the CCRAA's service if I have been employed. Employment by the CCRAA is "At Will". Furthermore, I understand just as I am free to resign at any time, the CCRAA reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the CCRAA has the authority to make assurance to the contrary.

I give the CCRAA the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the CCRAA and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant _____

Date _____ / _____ / _____