

# EMPLOYMENT APPLICATION

## APPLICANT INSTRUCTIONS

If you need help filling out this application form or with any phase of the employment process; please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE".
2. Complete both sides of this form.
3. If more space is needed to complete any question, use comments section on the back.
4. Print clearly; incomplete or illegible applications will not be processed.
5. Some packets may have an attached AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. This information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
6. DO NOT FILL OUT ANY OTHER ATTACHED FORMS UNTIL INSTRUCTED.

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
LAST FIRST M.I.

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PRIOR ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

## APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration with discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. Front Range Airport is an Equal Opportunity Employer and does not practice or permit discrimination in employment based on race, color, religion, sex, national origin, disability or age. All qualified applicants will be given equal opportunity. Selection decisions are based on job-related factors. In compliance with the immigration Reform and Control Act of 1986, Front Range Airport limits hiring to individuals who are United States citizens or aliens authorized to work in the United States.

## APPLICANT STATEMENT

I hereby understand and acknowledge that any employment relationship with this organization is of and "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed with any written document or by conduct unless such changes is specifically acknowledged in writing by an authorized executive of this organization.

## AVAILABILITY

For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_ What category would you prefer?  Full-time  Part-time  Temporary  Labor Pool

For which schedule are you available?  Weekday  Weekend  Evenings  Night  Overtime  Shift  Other \_\_\_\_\_

## EDUCATION

Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	DATES ATTENDED	GRADUATE?	DEGREE?

## SECURITY

List states and countries of residence for the past seven years. \_\_\_\_\_

Yes  No Have you used any names or Social Security Numbers other than those on this page? If so, please list on separate sheet.

Yes  No Have you been convicted of, or served time for a felony in the past seven years? If so, please describe below. (in accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT	CITY/STATE	CHARGE

**JOB-RELATED SKILLS**

NOTE: DO NOT FILL OUT ANY PART OF THIS SECTION YOU BELIEVE TO BE NON-JOB RELATED.

List languages in which you are fluent: \_\_\_\_\_

 Yes     No    If the job requires, do you have the appropriate valid driver's license?  
 DL# \_\_\_\_\_ Type \_\_\_\_\_ State of issue \_\_\_\_\_

 Yes     No    Have you had any moving violations? Please describe: \_\_\_\_\_
Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company.  
 \_\_\_\_\_
 Yes     No    Have you been given a job description or had requirements of the job explained to you?  
 Yes     No    Do you understand these requirements?  
 Yes     No    Can you perform the requirements of this job with or without reasonable accommodation?
**EMPLOYMENT REFERENCES**PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if you need.

<b>MOST RECENT EMPLOYER</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you still working for this employer?
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	May we contact?
_____			(    )
COMPANY NAME	CITY	STATE	PHONE NUMBER
FROM _____ TO _____	_____		_____
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	
DUTIES _____			
SALARY _____ PER _____	REASON FOR LEAVING _____		
(HOUR, WEEK, MONTH)			

<b>SECOND MOST RECENT EMPLOYER</b>	(    )		
_____			
COMPANY NAME	CITY	STATE	PHONE NUMBER
FROM _____ TO _____	_____		_____
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	
DUTIES _____			
SALARY _____ PER _____	REASON FOR LEAVING _____		
(HOUR, WEEK, MONTH)			

**REFERENCES**

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

REQUESTOR: _____	FOR EMPLOYER USE ONLY
PHONE NO: _____	LOCATION CODE: _____
	FAX NO: _____