

Allen County Regional Airport Authority

Employment Application

Retain for 6 years (not hired) or in personnel file (hired) as per RC2 form ARPT-31 & APRT-32

GENERAL INSTRUCTIONS:	POSITION APPLIED FOR:
<ul style="list-style-type: none"> Type or print (in ink) this application in its entirety. Submit your application to the agency no later than the close of business on the announced deadline date. Sign your name in the Certification Section (page 4). All information you submit is subject to verification. Notify the agency in advance if you require special disability accommodations to participate in the employment process. 	Title: _____ How did you learn of the position: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other _____ Date Available: _____ Minimum Acceptable Salary: _____

PERSONAL INFORMATION:	
Your Name _____ Social Security Number _____ Your Mailing Address _____ _____ City _____ State _____ Zip Code _____	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you prefer to seek: <input type="checkbox"/> Part-time employment <input type="checkbox"/> Full-time employment If part-time, please specify desired hours and days: _____ <div style="background-color: #cccccc; text-align: center; font-weight: bold; padding: 2px;">HOW DO WE CONTACT YOU?</div> Home Phone _____ Business Phone _____ Best time to contact you at home: _____ Email address _____

HIGH SCHOOL:	
Name _____	Received: <input type="checkbox"/> Diploma <input type="checkbox"/> None <input type="checkbox"/> Other (specify) _____
Street Address _____	City _____ State _____ Zip Code _____
Your name, if different while attending school: _____	

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (Transcripts are required)			
Name of School	Location (City/State)	Major/Minor Course of Study	Type of Degree Earned
Your name, if different while attending school: _____			

EMPLOYMENT HISTORY:

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. **Use a separate block to describe each position or gap in employment.** If needed, attach additional sheets, using same format as on the application. All information in this section must be completed. **Resumes may be attached to provide additional information.**

① Name of Present or Last Employer: _____
Address: _____ Phone No.: (____) _____
Your Job Title: _____ Supervisor's Name: _____
May we contact the supervisor for a reference? Yes No
From: ____/____/____ To: ____/____/____ Hours Per Week: ____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME, IF DIFFERENT DURING EMPLOYMENT
Duties and Responsibilities: _____

Reason for Leaving: _____

② Name of Present or Last Employer: _____
Address: _____ Phone No.: (____) _____
Your Job Title: _____ Supervisor's Name: _____
May we contact the supervisor for a reference? Yes No
From: ____/____/____ To: ____/____/____ Hours Per Week: ____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME, IF DIFFERENT DURING EMPLOYMENT
Duties and Responsibilities: _____

Reason for Leaving: _____

③ Name of Present or Last Employer: _____
Address: _____ Phone No.: (____) _____
Your Job Title: _____ Supervisor's Name: _____
May we contact the supervisor for a reference? Yes No
From: ____/____/____ To: ____/____/____ Hours Per Week: ____ (____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME, IF DIFFERENT DURING EMPLOYMENT
Duties and Responsibilities: _____

Reason for Leaving: _____

KNOWLEDGE / SKILLS / ABILITIES (KSAs):

List KSAs you possess and believe relevant to the position you seek, such as operating tractor/mower equipment, computer skills, fluency in language(s), aviation experience, etc.

Do you have a valid Ohio Driver's License? Yes No

Are you willing to: work overtime work weekends travel overnight complete job-specific training

Do you have any professional licenses or certifications? Yes No

If "Yes" please give type, date and the institution/body that issued the license/certificate: _____

Describe any specialized training, apprenticeship or extracurricular activities: _____

Please enter any additional information to be considered with this application: _____

RELATIVES:

To your knowledge, do you have any relatives working in this agency? Yes No

BACKGROUND INFORMATION:

Have you ever been convicted of a felony or a first degree misdemeanor? Yes No

If "Yes," what charges? _____

Where convicted? _____ Date of conviction: _____

Have you ever pled "No Contest" or pled "Guilty" to a crime which is a felony or a first degree misdemeanor? Yes No

If "Yes," what charges? _____

Where? _____ Date: _____

NOTE: A "Yes" answer to these questions will not automatically bar you from employment. The nature, job relatedness, severity and the date of the offense in relation to the position for which you are applying are considered.

SELECTIVE SERVICE:

All males between the ages of 18 and 26 must be registered with the Selective Service System or be exempted.

If you are a male between the ages of 18 and 26, do you have proof of registration with the Selective Service System or exemption from such registration? Yes No

PERSONAL REFERENCES:

Please be sure to provide current telephone numbers and addresses. Do not list relatives as this expedites the application review.

Name	Address	Relationship	Phone Number	Occupation	Best Time to Call

PLEASE READ PRIOR TO SIGNING APPLICATION FORM:

By applying for this position and signing this application, I voluntarily authorize and grant full consent to the Allen County Regional Airport Authority or its agent to conduct a thorough investigation into my prior employment and any other area of my background, including criminal background (regardless of adjudication) which Allen County Regional Airport Authority believes relevant to my employment. I do further consent to the release and disclosure of the Allen County Regional Airport Authority or its agent from any persons, company, corporations, or government agency any information sought concerning my background and do further release from liability the Allen County Regional Airport Authority or its agents for actions taken in connection with this investigation, as well as any persons, companies, corporations, or governmental agencies disclosing such information.

I acknowledge that any false information provided by me to the Allen County Regional Airport Authority may constitute grounds for immediate discharge, regardless of when the false information is discovered by the agency. Similarly, I understand that my continued employment is contingent on successfully passing any background investigation and any information discovered about me during the investigation which was deemed by the Allen County Regional Airport Authority to be unsatisfactory may constitute grounds for immediate discharge, also regardless of when discovered.

Finally, I understand that the Allen County Regional Airport Authority may require a medical or other examination at the time of employment and may condition an offer of employment on the successful completion of that examination and verification of my ability to perform the essential functions of the position offered. Pre-employment drug and alcohol testing and the release of the results of those tests to the Allen County Regional Airport Authority may also be required. I also understand I may be subject to drug and alcohol testing after employment. Polygraph examinations may also be required by the Allen County Regional Airport Authority where permissible by law.

Date: _____ Signature: _____