



Lancaster Airport Authority
 500 Airport Road, Suite G
 Lititz, Pennsylvania 17543-9340

**APPLICATION FOR
 EMPLOYMENT**

Equal access to programs, services and employment is available to all persons. Those applications requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Please Print

Position(s) applied for: _____ Date of Application ____ / ____ / ____

Referral Source: Advertisement Relative Walk-In Government Employment Agency
 Employee Private Employment Agency Other _____

Name of Source (if applicable) _____

Name _____
 LAST FIRST MIDDLE

Address _____
 STREET CITY STATE ZIP CODE

Telephone No. (____) _____ Mobile/Beeper/Other Phone No. (____) _____ Social Security No. _____ - _____ - _____

If necessary, best time to contact you at home is : ____ am/pm

May we contact you at work? Yes _____ No _____

If yes, work number and best time to call (____) : ____ am/pm

If you are under 18, can you furnish a work permit? Yes _____ No _____

Have you filed an application here before? Yes _____ No _____

If yes, give a date / ____ / ____

Have you ever been employed here before? Yes _____ No _____

If yes, give dates: FROM ____ / ____ / ____ To ____ / ____ / ____

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 on Lay-Off and subject to recall? Yes _____ No _____

Will you relocate if job requires it? Yes _____ No _____ Will you travel if job requires it? Yes _____ No _____

Are you able to meet the attendance requirements of the position? Yes _____ No _____

Will you work overtime if required? Yes _____ No _____

Have you ever been bonded? Yes _____ No _____

Have you been convicted of a felony in the last ten (10) years? Yes _____ No _____
 (Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain: _____

Driver's License Number (if job-related) _____ - _____ - _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATIONAL BACKGROUND IF JOB-RELATED

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicated degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major Field of Study. F. Minor Field of Study (if applicable).

A. School	B. Years Completed	C. Degree/Diploma	D. GPA/Class Rank	E. Major	F. Minor

REFERENCES

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

ADDITIONAL INFORMATION

List professional, trade, business, or civic associations and any offices held.

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGINIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you would like us to consider.

EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT EMPLOYER FOR REFERENCE? Yes No Later				
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT EMPLOYER FOR REFERENCE? Yes No Later				
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REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT EMPLOYER FOR REFERENCE? Yes No Later				

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

Skills and Qualifications – Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

PLEASE READ THE FOLLOWING

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

I understand that if I am employed, I am subject to an employment history verification and an FBI criminal history records check. I will be disqualified if my record discloses a disqualifying conviction within the last 10 years.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurance must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____
(MUST BE SIGNED FOR EMPLOYMENT CONSIDERATION.)

For Administrative Use Only

Positions(s) applied for _____ Available _____ Not Available

Other positions considered for _____

Hired _____ Yes _____ No

Position hired for _____ Date ____/____/____

From the EEO job classifications listed below, which one best described the position filled:

- | | | |
|------------------------------|-----------------------------------|---------------------------------|
| _____ Officials and Managers | _____ Sales Workers | _____ Operatives (semi-skilled) |
| _____ Professionals | _____ Office and Clerical Workers | _____ Laborers (unskilled) |
| _____ Technicians | _____ Craft Workers (skilled) | _____ Service Workers |

Notes _____

Completed By _____ Date ____/____/____