

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.

<b>Please Print</b> Position(s) applie	ed for:			Date	of Applica	ntion/	/	
Referral Source:	:AdvertisementRelative		Walk-InGo		Government Employment Agency			
	Employee	Private Er	nployment	Agency	Ot	her		
	Name of Source (if ap	plicable)						
Name								
	LAST		FIRST			MIDDLE		
Address								
	STREET			CITY		STATE	ZIP C	ODE
Telephone No.(	)	If necessary, l	best time to	contact you at h	ome is		:	am/pm
May we contact	you at work?						Yes	No
If yes, work num	ber and best time to cal	1		()			:	am/pm
If you are under	18, can you furnish a w	ork permit?					Yes	No
Have you filed a	n application here befor	e?					Yes	No
If yes, give a dat	e						/	/
Have you ever be	een employed here befo	re?					Yes	No
If yes, give dates	:		FROM	/	/	To	/	/
	eligible for employment itizenship or immigratio						Yes	No
Date Available f	or Work						/	/
Type of Employ	ment Desired:	Full-Time	_Part-Time	Tempora	ryS	Seasonal	Education	nal Co-Op
Are you on Lay-	Off and subject to recal	!?					Yes	No
Will you relocate	e if job requires it?	Yes	No	Will you trave	l if job rec	uires it?	Yes	No
Are you able to r	neet the attendance requ	irements of the po	sition?				Yes	No
Will you work or	vertime if required?						Yes	No
Have you ever be	een bonded?						Yes	No
Have you been c (Such conviction	onvicted of a felony in t may be relevant if job	the last ten (10) ye related, but does ne	ars? ot bar you f	rom employmen	t.)		Yes	No
If yes, please exp	olain:							

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			

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 INFORM	ATION
List professional, trade, business, or civic associations and any offices held.	
EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, C	OLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.
ORGANIZATION	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.

	EMPLO	YMENT HIS	TORY	
				inteer activities, starting with the most
recent (use additional sheets if nece				
EMPLOYER	TELEPHONE		EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS	( )	FROM	ТО	FERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
JOB TITLE		HOURLY R	ATE/SALARY	
		STA	RTING	
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING			ATE/SALARY	
		FI	NAL	
MAY WE CONTACT EMPLOYER FOR F Yes No Later	REFERENCE?			
EMPLOYER	TELEPHONE	DATES F	MPLOYED	SUMMARIZE THE TYPE OF WORK
	( )	FROM	ТО	PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
JOB TITLE			ATE/SALARY RTING	
IMMEDIATE SUPERVISOR AND TITLE		JIA		
REASON FOR LEAVING		HOUDIVP	ATE/SALARY	
REASON FOR LEAVING			NAL	
MAY WE CONTACT EMPLOYER FOR F Yes No Later	REFERENCE?			
EMPLOYER	TELEPHONE	DATES F	EMPLOYED	SUMMARIZE THE TYPE OF WORK
	( )	FROM	ТО	PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
JOB TITLE		HOURLY R	ATE/SALARY	
		STA	RTING	
IMMEDIATE SUPERVISOR AND TITLE	,			
REASON FOR LEAVING		HOURLYR	ATE/SALARY	
			NAL	
MAY WE CONTACT EMPLOYER FOR F Yes No Later				
EMPLOYER	TELEPHONE	DATES E	EMPLOYED	SUMMARIZE THE TYPE OF WORK
	( )	FROM	ТО	PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
JOB TITLE			ATE/SALARY RTING	
IMMEDIATE SUPERVISOR AND TITLE		5114		
REASON FOR LEAVING		HOURLYR	ATE/SALARY	
			NAL	
MAY WE CONTACT EMPLOYER FOR F Yes No Later	REFERENCE?			
		l	1	

**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 form 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.

Signature of Applicant	Date	/		
Signature of Applicant(MUST BE SIGNED FOR EMPLOYMENT CONSIDERATION.)	Date	/	/	
For Administrative Use Only				
Positions(s) applied forAvailableNot Available				
Other positions considered for				
HiredYes No				
Position hired for	Date	/	/	
From the EEO job classifications listed below, which one best described the position filled:				
Officials and ManagersSales Workers	Operatives (semi-skilled)			
ProfessionalsOffice and Clerical Workers	Laborers (unskilled)			
TechniciansCraft Workers (skilled)	Service Wo	orkers		
Notes				
Completed By	Date	/	/	

©Lancaster Airport Authority 500 Airport Road, Suite G Lititz, Pennsylvania 17543-9340 Phone: (717) 569-1221 Fax: (717) 569-1952 Hours: 8:00 a.m. – 4:30 p.m.