



Salina Airport Authority Internship Application

3237 Arnold Ave, Salina, KS 67401

Phone: 785-827-3914

Fax: 785-827-2221

SAA Use Only

No.

Recd:

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, the presence of a non-job-related medical condition or disability, or any other legally protected status. Disabled applicants who are qualified to perform the essential functions of the job with reasonable accommodation will not be refused hire. Applicants for certain specified positions must meet minimum response time requirements. The Salina Airport Authority conducts pre-employment drug testing.

Please type or print in ink only and fully complete the application

Date of Application: _____

Last Name

First Name

M. I.

Address

City, State

Zip

Home Phone No.

Work Phone No.

Social Security No.

Have you ever worked with the SAA before? _____

Yes

No

If Yes, give dates: _____

Are you Age 18 or over? _____

Yes

No

Are you currently employed? _____

Yes

No

May we contact your present employer? _____

Yes

No

May we conduct an employment background check covering the preceding (5) years? _____

Yes

No

Are you legally eligible to work in the United States? _____

Yes

No

Proof of citizenship or immigration status will be required upon hire

If the job requires a valid drivers license, please complete the information below:

License No. _____

State _____

Regular

CDL

☐☐

Were you in the Armed Forces? _____

Yes

No

Have you ever been convicted of a felony in civilian or military courts? _____

Yes

No

A conviction will not necessarily be a bar to employment. Factors such as date, nature & number of offenses, age at the time of offense and rehabilitation will be considered.

If Yes Please Explain: _____

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

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or political affiliation, or other protected status.

References

List three references who are neither related to you nor a former employer

Name	Address	Telephone No.	Years Known
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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

Please be sure to include a cover letter, resume with employment experience, and recommendation letter to the Salina Airport Authority along with this application.