

Salina Airport Authority
 3237 Arnold Ave.
 Salina, KS 67401
 Ph. 785.827.3914
 Fax 785.827.2221

Application For Employment

SAA use only
 No. _____
 Recd: _____



We consider applicants 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. We will not refuse to hire a disabled applicant who is qualified to perform the essential functions of the job with reasonable accommodation. 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 – You must fully complete this application. In addition, you may include a resume or other related personal qualification information relevant to the job.

Position Applied For _____ Date of Application _____

Last Name _____ First Name _____ Middle Initial _____

Address Number _____ Street _____ City _____ State _____ Zip Code _____

Telephone No. (Home) _____ (Work) _____ Soc. Sec. Number _____

Have you ever been employed by 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.

On what date would you be available for work? _____

Are you available to work?

Full Time Part Time Shift Work Temporary

If the job requires a valid driver's license, please complete the information directly below:

License Number _____ **State** _____ **Regular** **CDL**

List any relatives presently employed by the SAA and state how you are related

Are you willing to work overtime if required Yes No

Are you willing to work different shifts if required? Yes No

Were you in the U.S.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 _____

Employment Experience

Start with your present or last job including any military service assignments and complete the below information fully. Give dates and reasons, excluding disabilities, for time not accounted for in your employment history as listed.

If you need additional space, please continue on a separate sheet of paper.

Employer	Start Date	Your job title and Major Duties
Address	End Date	
City State		
Telephone No.	Starting Salary	
Supervisor		
Reason for leaving	Ending Salary	

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Telephone No.	Starting Salary	
Supervisor		
Reason for leaving	Ending Salary	

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment, military or other experience. Please list any snow removal, heavy maintenance or special equipment you have previously operated.

Education

School Name and Location	High School or Ged				Undergraduate College University				Graduate/Professional				
	9	10	11	12	1	2	3	4	1	2	3	4	
Years Completed													
Diploma/Degree													
Describe Course of Study													
Describe any specialized training, apprenticeship, skills and extra-curricular activities													
Describe any honors you have received													

References

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

Name Address (city, state, zip) Telephone Number Years Known

List any professional, trade, business, or civic activities 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.

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