



# Roanoke Regional Airport Commission

Position Opening No.

An Equal Opportunity Employer

## EMPLOYMENT APPLICATION

Employees of the Roanoke Regional Airport Commission and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, gender, age, or any other characteristic protected by Federal or applicable state law.

### I. PERSONAL DATA

Date of Application  Position Applied For

What is the desired salary/pay rate for the position for which you are applying? (Must be completed. Cannot say "Negotiable") \$

Complete Full Legal Name

Email Address

Street Address

City  State  Zip Code

Home Phone Number  -  -  Cell Number  -  -

### II. EDUCATION

Highest Grade Completed  Have you completed high school or a high school equivalent program?  Yes  No

If yes, provide name of school  Number of years of education after high school

1) Name & Location of Institution

Major	Completed Hours	Degree Received	Year Degree Received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2) Name & Location of Institution

Major	Completed Hours	Degree Received	Year Degree Received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3) Name & Location of Institution

Major	Completed Hours	Degree Received	Year Degree Received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### III. LICENSES

List any driver's and commercial driver's licenses held: (Complete this section only if applying for a position which requires a valid driver's license.)

Type of License	License Number	Expiration Date	State Issued
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List any other license or authorization to practice a trade or profession related to the position you are seeking:

Type of License	License Number	Expiration Date	Granted By (Licensing Board)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### IV. EMPLOYMENT HISTORY

**Note:** In order to process your application, you must provide the dates, names, phone numbers, and addresses of *all* previous employers: and, you must also provide explanations for *any* gaps in employment of more than 12 months during your work history. Do Not write "See Resume" in duties box. Start with your most recent employer.

Position Held	Company Name	Supervisor's Name/Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Street Address <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Phone Number <input type="text"/> - <input type="text"/> - <input type="text"/>		
Reason for Leaving <input type="text"/>		

##### Employment Dates

From (Month/Year)	To (Month/Year)
<input type="text"/>	<input type="text"/>

Duties:

May we contact employer?  Yes  No

Position Held	Company Name	Supervisor's Name/Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Street Address <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Phone Number <input type="text"/> - <input type="text"/> - <input type="text"/>		
Reason for Leaving <input type="text"/>		

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Phone Number <input type="text"/> - <input type="text"/> - <input type="text"/>		
Reason for Leaving <input type="text"/>		

##### Employment Dates

From (Month/Year)	To (Month/Year)
<input type="text"/>	<input type="text"/>

Duties:

May we contact employer?  Yes  No

**EMPLOYMENT HISTORY CONTINUED**

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Position Held	Company Name	Supervisor's Name/Title
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Company Street Address <input type="text"/>		
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Phone Number <input type="text"/> - <input type="text"/> - <input type="text"/>		
Reason for Leaving <input type="text"/>		

**Employment Dates**

From (Month/Year)	To (Month/Year)
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Duties:

May we contact employer?  Yes  No

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Duties:

May we contact employer?  Yes  No

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Reason for Leaving <input type="text"/>		

**Employment Dates**

From (Month/Year)	To (Month/Year)
<input type="text"/>	<input type="text"/>

Duties:

May we contact employer?  Yes  No

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Please use this space to provide the dates and an explanation for any gaps in employment of more than 12 months during your work history.

Have you ever been dismissed or forced to resign?  Yes  No

If yes, please explain:

## V. ADDITIONAL QUALIFICATIONS

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Use this space for any additional information you think would help us evaluate your application, including training, classes, or specialized skills related to the position you seek: *(Do Not include the name of any organization which could identify you by race, color, religion, political affiliation, national origin, disability, gender, age, or any other characteristic protected by law.)*

## VI. OFFICE SKILLS

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Complete all or part of this section only if applying for a position where these skills are required or preferred.

PC  Word Processing  Spreadsheets  Database  Ten Key  Other

List the equipment and/or software used

## VII. MILITARY SERVICE

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Are you a U.S. Veteran?  Yes  No

Branch of Service  Air Force  Army  Coast Guard  Marines  Navy  Other

Enlistment Date	Discharge Date	Type of Discharge	Rank
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Do you believe you qualify for Veteran's Preference?  Yes  No

## VIII. RELEASE

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I hereby authorize and request my current and/or any previous employer, work reference, or educational or training institutions to furnish any information, documentation, or verification regarding my previous employment history, education, training, and job performance.

I hereby release Roanoke Regional Airport Commission, all former employers, and educational or training institution, and their respective officers, agents, and employees from any claims arising from such inquiries or responses.

Printed Name

Signature \_\_\_\_\_ Date

## IX. ADDITIONAL INFORMATION

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Please check if you are willing to work:  Full Time  Part Time  Regular (with benefits)  Temporary (no benefits)

Please check if you are willing to work:  Saturday  Sunday  Holidays  Overtime

Are you at least 18 years of age?  Yes  No

Are you legally eligible to work in the US?  Yes  No

Do you currently have transportation necessary for the employment you seek?  Yes  No

Have you ever worked for the City of Roanoke?  Yes  No If so, when?

How did you learn of this opening?

Date available for employment:

\*Have you ever been convicted of any crime (felony or misdemeanor) other than minor traffic violations?  Yes  No

If Yes, give exact date(s) and exact offense of which you were convicted:

Name & relationship of any relatives employed by Roanoke Regional Airport Commission

*\* In order to process your application, you must provide the requested information on any criminal convictions. Depending upon the position applied for and the date and nature of the offense, a conviction will not automatically disqualify an applicant from employment. The nature of the offense, the date of the offense, and the relationship of the offense to the position sought will all be considered.*

## X. CERTIFICATION – Each application requires current date and original signature.

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**NOTE: In accordance with TSA regulations, in order to obtain a security badge, which is a requirement for employment, you will be subject to a criminal history records check.**

I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture of my employment with the Roanoke Regional Airport Commission. I agree to provide the Roanoke Regional Airport Commission with written authorization to receive a report of my criminal history record and verification of my employment history upon request as a condition of my employment. Roanoke Regional Airport Commission will pay the necessary cost for the production of such a history. If applicable for the position I seek, I also agree to provide the Roanoke Regional Airport Commission with my driving record, upon request, both prior to and at any time(s) during the course of my employment as the Commission may deem necessary. In addition, I hereby agree to submit to a drug screen or alcohol test whenever required by the Commission. I understand that any employment with the Roanoke Regional Airport Commission is not for any specific duration and is mutually terminable at will at any time by either the employee or the employer and any representation to the contrary shall not be relied upon by me and is expressly disallowed by the Roanoke Regional Airport Commission.

I acknowledge and agree Roanoke Regional Airport Commission will check my work and employment history, and that such check may result in information being provided regarding my character, general reputation, and personal characteristics or mode of living. I hereby authorize Roanoke Regional Airport Commission to make reference checks of this nature including, but not limited to, dates of employment, job performance, attendance record, reason for separation or any information requested relative to employment and I hereby release Roanoke Regional Airport Commission and all former employers and their agents from any claims rising from such inquiries or responses.

Printed Name

Signature \_\_\_\_\_

Date

## VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY DATA

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, gender, age, or any other characteristic protected by Federal or applicable state law.

As a local government employer, we comply with government and equal employment regulations. Please assist us with our recordkeeping and reporting by completing the questions listed below. Your responses will be used for statistical purposes only and will be kept in a confidential file, separate from the employment application. The information is voluntary and will not be used for employment purposes.

Date of Application  Position Applied For

Mark one:      Male      Female

Date of Birth

Race/Ethnic Group:

Are you Hispanic or Latino?:      Yes      No

If you answered "no" above, please check one option below:

Check if any of the following apply:

White (not Hispanic or Latino)

Asian (not Hispanic or Latino)

Black or African American (not Hispanic or Latino)

American Indian or Alaskan Native (not Hispanic or Latino)

Native Hawaiian or Pacific Islander (not Hispanic or Latino)

Two or More Races (not Hispanic or Latino)

I do not wish to self-identify:    Signature: \_\_\_\_\_

Veteran

Vietnam Era Veteran

Disabled Veteran

*"Hispanic or Latino" includes all persons of Mexican, Puerto Rican, Cuban, or Central or South American, or other Spanish culture or origin, regardless of race.*

*"White" includes all persons having origins in any of the original people from Europe, North Africa, or the Middle East.*

*"Asian" includes all persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*

*"Black or African American" includes all persons having origins in any of the black racial groups of Africa.*

*"American Indian or Alaska Native" includes all persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain cultural identification through tribal affiliations or community attachment.*

*"Native Hawaiian or Pacific Islander" includes all persons having origins in Hawaii, Guam, Samoa, or other Pacific islands.*

*"Two or More Races" includes all persons who identify with more than one of the five races.*

**Referral Source** - Select one of the following choices:

Virginia Employment Commission

Other Web site (specify which site)

Roanoke Airport's Web site

Newspaper Ad (specify paper)

Walk-in

Commission Employee (list name)

Other (specify source)

**TO ALL APPLICANTS**

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Section 503 of the Rehabilitation Act of 1973, the Americans With Disabilities Act, and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended, provide for employers to take affirmative action to employ and advance qualified disabled individuals, qualified disabled veterans, and veterans of the Vietnam Era respectively. If you would like to be considered under any of these Affirmative Action programs, please complete the following information.

Submission of the information is voluntary and refusal to provide it will not prevent consideration of employment.

Your information will be kept confidential and used only for the purpose of the Acts and the regulations issued under them, except (A) Supervisors and managers may be informed regarding restrictions on your work duties and necessary accommodations; (B) Safety personnel may be informed, as appropriate, if the condition might require emergency treatment; and (C) Government officials investigating compliance with the Acts shall be informed.

Please complete Section A, B, and/or C as applicable. Attach additional sheets for explanations if necessary.

*"Disabled Individual" includes all persons who either have a physical or mental impairment that substantially limits one or more major life activity, has a record of such an impairment, or is regarded as having such an impairment.*

*"Disabled Veteran" includes all veterans entitled to disability compensation under the laws administered by the Veterans Administration for disability rated at 30 percent or more, or persons whose discharge from active duty was for a disability incurred or aggravated in the line of duty.*

*"Vietnam Era Veteran" includes all persons who served on active duty for more than 180 days, any part of which was performed during the period between August 5, 1964, and May 7, 1975, and who received other than dishonorable discharge or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975. No veteran may be considered to be a "veteran of the Vietnam Era" after December 31, 1995.*

*"Qualified Disabled Individual or Disabled Veteran" includes all persons who are capable of performing the essential functions of a particular job, with or without the provision of reasonable accommodation to his or her disability.*

Full Complete Name

Complete Street Address

City  State  Zip Code  Phone Number  -  -

Position Applied For

**Section A - To Be Completed By Persons Who are "Disabled Individuals"**

Describe your disability: (Please attach documentation of your disability.)

Describe below the effect of your disability, if any, on your ability to perform the essential functions of the job for which you are applying. If the disability would limit your ability to perform the essential functions of the job, or create a hazard to you and/or others in connection with the performance of the job, please indicate any special methods, skills, or procedures that enable you to qualify and therefore perform the essential functions of the job despite your disability, or any accommodations that you believe would enable you to perform the job properly and safely despite your disability.

**I hereby certify that to the best of my knowledge the above information is correct.**

Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Section B - To Be Completed By Persons Who are "Disabled Veterans"**

Describe your disability: (Please attach documentation of your disability.)

Please provide documentation of your entitlement to benefits under laws administered by the Veterans Administration for a disability rated 30 percent or more, or for a disability incurred or aggravated in the line of duty that resulted in your release or discharge.

Describe below the effect of your disability, if any, on your ability to perform the essential functions of the job for which you are applying. If the disability would limit your ability to perform the essential functions of the job, or create a hazard to you and/or others in connection with the performance of the job, please indicate any special methods, skills, or procedures that enable you to qualify and therefore perform the essential functions of the job despite your disability, or any accommodations that you believe would enable you to perform the job properly and safely despite your disability.

**I hereby certify that to the best of my knowledge the above information is correct.**

Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Section C - To Be Completed By Persons Who are "Vietnam Era Veterans"**

Please provide the necessary documentation to substantiate your Vietnam Era Service, including copies of any discharge papers.

You may also attach portions of your military record or describe skills from your military service which are relevant to the specific job qualifications required for the the position you are seeking.

**I hereby certify that to the best of my knowledge the above information is correct.**

Signature: \_\_\_\_\_

Date \_\_\_\_\_



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**Employment Dates**

From (Month/Year)	To (Month/Year)
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Duties:

May we contact employer?  Yes  No

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Duties:

May we contact employer?  Yes  No

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Position Held	Company Name	Supervisor's Name/Title
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Reason for Leaving <input type="text"/>		

**Employment Dates**

From (Month/Year)	To (Month/Year)
<input type="text"/>	<input type="text"/>

Duties:

May we contact employer?  Yes  No

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