

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

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Date of Application	Position Applied For		
What is the desired salary/pay rate for the	position for which you are	e applying? (Must be completed. Car	nnot 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 equival	
1) Name & Location of Institution			
Major	Completed Hours	Degree Received	Year Degree Received
2) Name & Location of Institution			
Major	Completed Hours	Degree Received	Year Degree Received
3) Name & Location of Institution		L	
Major	Completed Hours	Degree Received	Year Degree Received
III. LICENSES			
List any driver's and commercial driver's lic	enses held: (Complete this se	ction only if applying for a position whi	ich requires a valid driver's license.)
	cense Number	Expiration Date	State Issued
Type of License Li	cense Number	Expiration Date	State Issued
List any other license or authorization to pr Type of License Li	actice a trade or profession cense Number	on related to the position you a Expiration Date	re seeking: Granted By (Licensing Board)
Type of License Li	cense Number	Expiration Date	Granted By (Licensing Board)

IV. EMPLOYMENT HISTORY

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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. <u>Do Not</u> write "See Resume" in duties box. Start with your most recent employer.

Position Held		Company Name	Supervisor's Name	Supervisor's Name/Title	
Company Street Address					
City	State	Zip Code	Phone Number _	-	
Reason for Leaving					
Employment					
From (Month/Year)	10 (10)	onth/Year)			
Duties:					
May we contact employer? Yes	No No				
Position Held		Company Name	Supervisor's Name	/Title	
Company Street Address					
City	State	Zip Code	Phone Number -	-	
Reason for Leaving					
Employment					
From (Month/Year)	To (Mo	onth/Year)			
Duties:					
May we contact employer? Yes	No No				
Position Held		Company Name	Supervisor's Name	/Title	
Company Street Address					
City	State	Zip Code	Phone Number	-	
Reason for Leaving					
Employment From (Month/Year)		onth/Year)			
	10 (101	Jiniy real j			
Duties:					
May we contact employer? Yes	No No				

EMPLOYMENT HISTORY CONTINUED

Positi	on Held		Company	Name	Supervisor's Name/Title
Company Street Add	ress				
City		State	Zip Code	Phone Nu	mber
Reason for Leaving					
- (5.5 - 1) (Employment				
From (Month/	Year)	To (Mo	onth/Year)		
Duties:					
May we contact emr					
May we contact emp	oloyer? 🗌 Yes	No			
		No No	Company	Name	Supervisor's Name/Title
	on Held	No	Company	Name	Supervisor's Name/Title
Positio	on Held	No	Company	Name	Supervisor's Name/Title
Positio Company Street Add	on Held				
Positio Company Street Add	on Held	No State	Company Zip Code	Name Phone Nur	
Positio	on Held ress	State			
Positio Company Street Add City Reason for Leaving	on Held ress	State Dates	Zip Code		
Positio Company Street Add	on Held ress	State Dates			
Positio Company Street Add City Reason for Leaving	on Held ress	State Dates	Zip Code		
Positio Company Street Add City Reason for Leaving From (Month/Y	on Held ress	State Dates	Zip Code		
Positio Company Street Add City Reason for Leaving From (Month/Y	on Held ress	State Dates	Zip Code		
Positio Company Street Add City Reason for Leaving From (Month/Y	on Held Iress Employment (ear)	State Dates	Zip Code		

Position Held	Position Held Co			Supervisor's Name/Title
Company Street Address				
City	State Zip	p Code	Phone Number	
Reason for Leaving				
Employment	Dates			
From (Month/Year)	To (Month/Yea	r)		
Duties:				
May we contact employer? 🗌 Yes	No			

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Position Held		Company Nam	e	Supervisor's Name/Title
Company Street Address				
City	State	Zip Code	Phone Number	
Reason for Leaving				
Employmer				
From (Month/Year)	To (Mont	n/Year)		
Duties:				
May we contact employer? 🗌 Ye	s 🗌 No			
Position Held		Company Name		Supervisor's Name/Title
rosition neid		Company Name		Supervisor's Name/ Inte
Company Street Address				
	State	Zip Code	Phone Number	
City				
Reason for Leaving Employmen	t Datas			
From (Month/Year)	To (Month	n/Year)		
Duties:				
May we contact employer? Ye	s 🔄 No			
Position Held		Company Name	2	Supervisor's Name/Title
Company Street Address				
City	State	Zip Code	Phone Number	
Reason for Leaving				
Employmen From (Month/Year)	t Dates To (Month	(Voor)		
	10 (100111			
Duties:				
May we contact employer?	s 🗌 No			

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

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

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

Are you a U.S. Vete	ran? 🗌 Yes 🗌 No		
Branch of Service Air Force Army Coast Guard Marines Navy Other			
Enlistment Date	Discharge Date	Type of Discharge	Rank
Do vou believe vou	qualify for Veteran's	Preference? 🗌 Yes 🗌 No	

VIII. RELEASE

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

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?			
*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.

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 will pay the 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 inquires or responses.

Printed Name	

Signature _

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 o	ne option below:	Check if any of the following apply:		
White (not Hispanic or Latino)		Veteran		
Asian (not Hispanic or Latino)		🗌 Vietnam Era Veteran		
Black or African American (not Hispanic	or Latino)	Disabled Veteran		
American Indian or Alaskan Native (not	_			
Native Hawaiian or Pacific Islander (not Hispanic or Latino)				
Two or More Races (not Hispanic or Latino)				
I do not wish to self-Identify: Signatur	e:			

"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 person 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
Roanoke Airport's Web site
Walk-in
Other (specify source)

Other Web site (specify which site) Newspaper Ad (specify paper) Commission Employee (list name)