

Grand Junction Regional Airport Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available			
Position Applied for			
Are you authorized to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for the Airport Authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Do you have a valid divers license or are you able to obtain one?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If offered the position, you will be required to successfully pass a drug and alcohol screening. Do you anticipate any problems with passing this test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you available to work days, nights, weekends, and holidays, if necessary?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have family members who are currently employed with the Airport Authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

AVAILABILITY									
		S	M	T	W	T	F	S	
HOURS	FROM								Total hours available per week _____
AVAILABLE	TO								Date available to start work _____

EDUCATION				
High School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	
College			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	
Other			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	

PREVIOUS EMPLOYMENT	
Company	Phone ()
Address	Supervisor

Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			

MILITARY SERVICE

Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date