

APPLICATION FOR EMPLOYMENT

*The Arapahoe County Public Airport Authority is an equal opportunity employer.
Please complete all 7 pages of this Application for Employment and
return to the Airport Administration Office at 7800 S. Peoria Street, Englewood, CO 80112.*

PERSONAL INFORMATION

NAME _____
(Last) (First) (Middle)

Can you, after employment, submit verification of right to work in the U.S.? Yes No

Can you, after employment, submit a work permit if you are under 18 years of age? Yes No

Have you ever been convicted of a felony? Yes No
If yes, please describe: _____

(Conviction will not necessarily disqualify an applicant for employment)

EMPLOYMENT DESIRED

POSITIONS APPLIED

FOR 1. _____ 2. _____

WAGE OR SALARY DESIRED? \$ _____ WHEN CAN YOU START? _____

LIST APPLICABLE
SKILLS _____

Are you available for full-time work? Yes No

Are you available for shift work? Yes No

Will you work overtime, if asked? Yes No

Have you ever applied for employment or been employed here before?
If yes, specify which and when? _____

Are you currently on layoff or leave from another company? Yes No

ANSWER THESE QUESTIONS ONLY AFTER REVIEWING A DESCRIPTION OF THE JOB APPLIED FOR:

Do you possess a valid driver's license? Yes No

Can you perform this job with or without reasonable accommodation? Yes No

EMPLOYMENT HISTORY

List employment for the past 10 years, starting with present job. Include military experience.

Company Name		Dates Employed	
		From	To
Street Address		Job Title	Salary
City & State		Specific Duties	
Supervisor	Telephone		
Reason for Leaving _____			
May we contact this employer? Yes No			

Company Name		Dates Employed	
		From	To
Street Address		Job Title	Salary
City & State		Specific Duties	
Supervisor	Telephone		
Reason for Leaving _____			
May we contact this employer? Yes No			

Company Name		Dates Employed	
		From	To
Street Address		Job Title	Salary
City & State		Specific Duties	
Supervisor	Telephone		
Reason for Leaving _____			
May we contact this employer? Yes No			

IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.

EDUCATION

	HIGH SCHOOL / GED	COLLEGE/UNIV	COLLEGE/UNIV	OTHER TRAINING / EDUCATION
NAME/LOCATION OF SCHOOL				
MAIN COURSE OF STUDY				
DID YOU GRADUATE?				
GRADE AVERAGE				
DEGREE/ DIPLOMA				

List any scholastic honors received and offices held while in school: _____

In addition to your work, what other experience, skills or qualifications would especially fit you for work with us?

Are you planning to pursue other studies? Yes No
 If yes, indicate whether: Day or Night classes
Course of study _____

REFERENCES

OPTIONAL:

If you wish to provide professional, occupational, or personal references by individuals not related to you who have known you for more than one year, please indicate them under separate cover.

PLEASE REVIEW & SIGN THE APPLICANT'S CERTIFICATION AND AGREEMENT ON THE NEXT PAGE 4.

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application, along with any other documentation I provided under separate cover as an attachment to the application, is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen and background check as a condition of employment, if required.

I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

In compliance with the Immigration Reform and Control Act of 1986, as may be amended, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I have read, understand, and by my signature consent to these statements.

Signature _____

Date _____

CONFIDENTIAL - CONTACT INFORMATION

Please provide us with the following information about yourself so that we may contact you about your application for employment.

Name: _____
Last First Middle

Social Security Number: _____

Home Address: _____
Street Apt. No.

_____ City State Zip Code

Telephone Numbers: _____
Home Business Other

When is the best time to contact you? _____

Arapahoe County Public Airport Authority

7800 S. Peoria Street, Box G-1

Englewood, CO 80112

Phone: 303.790.0598 • Fax 303.790.2129

www.centennialairport.com

Fair Credit Reporting Act Disclosure & Authorization

Disclosure

As an applicant for employment or a current employee of Arapahoe County Public Airport Authority (“**Authority**”), you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, the **Authority** may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a consumer reporting agency is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as the **Authority**.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

Authorization

By signing below, I, _____, hereby voluntarily authorize the **Authority** to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at the **Authority**. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Name

Date

APPLICANT EEO or AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT

Name: _____ Date: _____
Last First Middle

Position Applied for: *(List only one)* _____

What is your race/ethnic origin?

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black
- Hispanic
- White
- Specify Other: _____

What is your gender?

- Female
- Male

Are you a Vietnam Era Veteran? Yes No

A person who served on active duty for a period of more than 180 days any part of which occurred between 8/5/1964 and 5/7/1975, and was discharged or released therefrom with other than a dishonorable discharge or for a service connected disability.

Are you a disabled veteran? Yes No

A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Do you have a mental or physical disability? Yes No

A person who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such an impairment.