

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

If hired, you will be required to provide proof of your eligibility to work in the United States.

Please answer each question fully and accurately. No action can be taken on this application until you have answered all questions and completed pages 1 through 6 of this application. Use blank paper if you do not have enough room on this application. **PLEASE PRINT.** Be sure to sign where indicated on pages 5 and 6. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

What kind of employment are you seeking: Full-time? _____ Part-time? _____ Temporary? _____

Are you available for Shift Work? _____ Overtime? _____

When could you start work? _____

GENERAL

Name: _____
Last First Middle

Are you 18 years or age or older? ☐ Yes ☐ No
(If you are hired, you may be required to submit proof of age.)

Have you ever applied here before? ☐ Yes ☐ No If yes, when? _____

Were you ever employed here? ☐ Yes ☐ No If yes, when? _____

If employed, do you expect to be engaged in any additional business or employment outside of our job? ☐ Yes ☐ No

If yes, give details _____

EDUCATION			
	List Name and Address of Educational Institutions	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED			
College or University			
Subjects Studied			
Vocational or Technical			
Subjects Studied			

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.)

OTHER

Have you worked or attended school under any other names? ☐ Yes ☐ No

If yes, list other names: _____

Are you presently employed? ☐ Yes ☐ No

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? ☐ Yes ☐ No

If yes, please explain: _____

EMPLOYMENT HISTORY

List past 10 years of employment and the names of employers in consecutive order with present or last employer listed first. Please account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Company Name	Dates Employed From: _____ To: _____
Street Address	Job Title:
City & State	Duties
Supervisor	Telephone / E-mail
Reason for Leaving:	
May we contact this employer? ☐ Yes ☐ No	

Company Name	Dates Employed From: _____ To: _____
Street Address	Job Title:
City & State	Duties
Supervisor	Telephone / E-mail
Reason for Leaving:	
May we contact this employer? ☐ Yes ☐ No	

Company Name	Dates Employed From: _____ To: _____
Street Address	Job Title:
City & State	Duties
Supervisor	Telephone / E-mail
Reason for Leaving:	
May we contact this employer? ☐ Yes ☐ No	

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

CONFIDENTIAL 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: _____

Current Home Address: _____
Current Street Apt. Number

City State Zip Code

If within last 5
years, then list
**Previous Home
Address:**

Previous Street City / State / Zip Code

Telephone Numbers: _____
Home E-mail Cell

When is the best time to contact you? _____

FOR DRIVING JOBS ONLY: Do you have a valid driver's license? ☐ Yes ☐ No

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years? ☐ Yes ☐ No

If yes, please explain: _____

PERSONAL REFERENCES:

Please provide three references you have known for more than a year. Exclude relatives or former employers.

Name	Relationship	Phone / E-mail

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 if employed, 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 _____

Equal Employment Opportunity Affirmative Action Voluntary Self-Identification Form

The Arapahoe County Public Airport Authority is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, genetic information or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination.

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite our employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Employee Name: _____

Employee Signature: _____ Date ____ / ____ / ____

☐ I understand the reason for this request for voluntary self-identification as stated above and choose to decline.

OR

☐ I understand the reason for this request for voluntary self-identification as stated above and have opted to complete this form.

Gender: Male ☐ Female ☐

☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the original peoples of North or south America (including Central America), and who maintain tribal affiliations or community attachment.

☐ **Asian (Not Hispanic or Latino):** A person 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.

☐ **American Indian or Alaskan Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliations or community attachment.

☐ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.