

# LINCOLN AIRPORT AUTHORITY APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For					Date of Application	
Last Name		First Name			Middle Name	
List All Aliases or Nicknames						
Address	Number	Street	City	State	Zip Code	
Telephone Number(s)				Social Security Number		

Are you at least 18 years old?  YES  NO

Have you ever filed an application with us before?  YES  NO

If YES, give date \_\_\_\_\_

Have you ever been employed with us before?  YES  NO

If YES, give date \_\_\_\_\_

Are you currently employed?  YES  NO

May we contact your present employer?  YES  NO

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?  YES  NO

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off status and subject to recall?  YES  NO

Can you travel if a job requires it?  YES  NO

Have you been convicted of a felony within the last 10 years?  YES  NO

*Conviction is not necessarily a bar to employment*

If YES, Please explain \_\_\_\_\_

**EDUCATION**

	Name	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills or qualifications acquired from education employment or experience which you feel may be helpful to us in considering your application. \_\_\_\_\_

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Are you able to perform the tasks, without accommodation, as described in the attached job description? (Circle one) YES NO

If no, please list any accommodations needed for you to perform the required tasks.

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**References:**

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone #
2. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone #
3. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone #

**EMPLOYMENT EXPERIENCE**

Start with your present or last job and list employers during the past 10 years. Include any military service assignments. Explain in writing any gaps of 12 months or more in employment. Complete address and phone numbers required.

<b>1.</b>	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Reason for Leaving					
Job Title		Supervisor			
<b>2.</b>	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title		Supervisor		
Reason for Leaving					
<b>3.</b>	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title		Supervisor		
Reason for Leaving					
<b>4.</b>	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title		Supervisor		
Reason for Leaving					
<b>5.</b>	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title		Supervisor		
Reason for Leaving					

**ADDITIONAL EMPLOYMENT**

**6.**

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

**7.**

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

**8.**

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

**9.**

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

**10.**

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				



**LINCOLN AIRPORT AUTHORITY CONSENT AND RELEASE**

**TO APPLICANT**

The Lincoln Airport Authority requires a ten-year background check including employment verification of all employees who have access to secure areas. You must include all previous employers for the ten-year period proceeding the date of this application. Explain in writing any gaps of 12 months or more in employment.

I authorize the Lincoln Airport Authority to conduct a ten (10) year employment and criminal history background check prior to any offer of employment.

A pre-employment drug and alcohol test and pre-employment physical will be conducted if the applicant is conditionally hired by the Airport Authority. All offers by the Airport Authority to hire an applicant for a covered position are conditioned upon taking and passing a drug/alcohol test and pre-employment physical as directed by the Airport Authority. In addition, all applicants must execute an authorization to obtain past drug and alcohol test results from each company where the applicant previously worked. By signing this form the applicant consents of the drug/alcohol testing and release any information from the said test s to the Lincoln Airport Authority. All pre-employment job applicants, who test positive, will not be hired. Any applicant has the right to have the original split sample retested by a certified laboratory, at their expense, if requested in wiring to the Medical Review Officer with a copy to the Airport Director, or his designated representative with 72 hours of the final result proved by the Medical Review Officer. IF the second test is found to be positive, the applicant will not be hired.

I authorize my previous employers to release and forward all information on my alcohol and controlled Substance Testing/Training records to my prospective employer, Lincoln Airport Authority, P.O. box 80407 Lincoln, NE 68501 FAX (402) 458-2467.

I understand that if I become employed, I will be an "at will" employee. This means that the employment application and any other personnel manuals or policy statements are not contracts of employment. I may terminate my employment with or without cause at any time and the airport Authority may terminate my employment with or without cause at any time. The status of my "at-will" employment cannot be changed orally by Airport Authority employees or board members.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

Are you a tobacco smoker? YES \_\_\_\_\_ NO \_\_\_\_\_

Driver's License: State Issued \_\_\_\_\_ Number \_\_\_\_\_ Expiration \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date