



# Lincoln Airport Authority

2400 W Adams St., Suite 200  
Lincoln, NE 68524

## Employment Application Form

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

This position is subject to a Veteran's preference pursuant to Neb. Rev. Stat. § 48-225 et seq. To receive Veteran's preference, you must submit a copy of DD 214 Form with your application by the closing date.

### I. GENERAL INFORMATION

(Please Print or Type)

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

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 position and dates \_\_\_\_\_

Are you currently employed? YES  NO

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 ever been reprimanded for violating any tobacco or alcohol use rules while on duty? YES  NO

## II. EDUCATION AND TRAINING

	Name	Course of Study	# of Years Completed	Diploma or Degree
High School				
Undergraduate College or Trade/Technical School				
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 job description?  
YES  NO

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

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### III. EMPLOYMENT EXPERIENCE

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

1. Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Address (including Street, City, State & Zip): \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Email: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Describe the Work Performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Address (including Street, City, State & Zip): \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Email: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Describe the Work Performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Address (including Street, City, State & Zip): \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Email: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Describe the Work Performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Address (including Street, City, State & Zip): \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Email: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Describe the Work Performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Address (including Street, City, State & Zip): \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Email: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Describe the Work Performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Address (including Street, City, State & Zip): \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Email: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Describe the Work Performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Address (including Street, City, State & Zip): \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Email: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Describe the Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Address (including Street, City, State & Zip): \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_ Email: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Describe the Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **IV. REFERENCES**

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1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **V. APPLICANT STATEMENT**

### **Please Read Before Signing**

I understand that:

- Any material omissions and/or false information I record on the application will be sufficient reason for rejection of this application or termination of my employment. In addition, I authorize and request now or in the future each and every former employer, school, institution, individual, agency, organization, credit bureau, state agency, or law enforcement agency to answer any and all questions that may be asked and herewith hold such persons harmless for giving any information within their knowledge or record. Inquiries may include, but are not limited to my criminal history, driving record, education, consumer credit history, professional licensing, military records, immigrant status, state sex offender registries, drug testing history, work experiences and habits, and other qualities pertaining to LAA qualifications for employment.
- In compliance with the Fair Credit Reporting Act, I am entitled to be informed if an offer of employment is withheld because of information obtained in a credit inquiry. My signature or on-line authorization allows a photocopy or fax copy of this authorization to be as valid as the original.
- As a CONDITION OF EMPLOYMENT, I agree to submit documents relating to my identity and employment authorization within prescribed time limits in accordance with the Immigration Reform and Control Act of 1986.
- NOTE: A Form I-9 (Employment Eligibility Verification) is being provided along with this application. If you receive a conditional offer of employment, you will be required to complete an I-9 form and provide the necessary documentation.
- If I am applying for a safety sensitive position covered by the Federal Department of Transportation Regulations, I understand that I am subject to mandatory drug and alcohol testing as a CONDITION OF EMPLOYMENT.
- All LAA employees, regardless of status, are subject to reasonable suspicion, return to duty, and unannounced follow-up drug and alcohol testing. Employees who test positive are subject to discipline up to and including termination.

**THIS FORM IS FOR APPLICATION PURPOSES ONLY AND IS NOT A CONTRACT FOR EMPLOYMENT**

**OFFICIAL OATH:** If hired, I solemnly swear or affirm that I will support the Constitution of the United States and the Constitution of the State of Nebraska, and I will faithfully and impartially discharge the duties of the position according to law and to the best of my ability.

**THIS APPLICATION MUST BE SIGNED AND DATED FOR CONSIDERATION OF EMPLOYMENT.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# 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 preceding 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.

An applicant for a law enforcement position or for a position that involves unescorted access to a Security Identification Display Area (SIDA) is subject to a fingerprint-based criminal history records check and must complete the attached fingerprint application. Applicants for other positions are subject to a criminal history record information check upon receipt of a conditional 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 to the drug/alcohol testing and to the release of any information regarding the tests 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 writing to the Medical Review Officer with a copy to the Airport Director or his or her designed representative within 72 hours of the final result provided by the Medical Review Officer. If the second test is found to be positive, the applicant will not be hired.

**I, \_\_\_\_\_, HEREBY GIVE CONSENT TO ANY AND ALL PRIOR EMPLOYERS TO PROVIDE INFORMATION REGARDING MY EMPLOYMENT TO THE LINCOLN AIRPORT AUTHORITY.**

I also 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 from employment. I understand also that I am required to abide by all rules and regulations of the employer.

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EQUIPMENT OPERATOR ADDENDUM

- The issuing state number and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to the applicant.

State	Expiration Date

- Describe the nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semi-trailers and/or full trailers) that you have operated.

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- A list of all motor vehicle accidents in which you have been involved during the three (3) years preceding the date of this application.

Date	Nature of Accident	Fatalities?	Personal Injuries?

- A list of all violations of the motor vehicle laws and ordinances (other than violations involving only parking) of which the applicant has been convicted or forfeited bond or collateral during the three (3) years preceding the date of this application.

Nature of Violation	Date of Violation	Jurisdiction



5. Has your license, permit, or privilege to operate a motor vehicle ever been denied, revoked, or suspended? If so, please explain. If not, state that no such denial, revocation or suspension has occurred.

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6. List the names and address of your employers during the past ten (10) years for which you were an operator of a commercial motor vehicle, together with dates of employment and the reasons for leaving.

Employer	Dates of Employment	Reasons for Leaving

This certifies that this Application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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Printed Name

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Signature

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Date

**FINGERPRINT APPLICATION**

I, \_\_\_\_\_ state that I do not have a disqualifying criminal offense as listed on the back of this application.

The applicant is hereby informed that Federal Regulations under 49 CFR 1542.209(l) imposes a continuing obligation to disclose to the Airport Authority, within 24 hours if he or she is convicted of any disqualifying criminal offense that occurs while he or she has unescorted access authority.

The information I have provided on this Application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement on this Application can be punished by fine or imprisonment or both (See Sec. 1001 of Title 18, United States Code.)

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



## LIST OF DISQUALIFYING CRIMINAL OFFENSES

- (1) Forgery of certificates, false [marking](#) of aircraft, and other aircraft registration violation; [49 U.S.C. 46306](#).
- (2) Interference with air navigation; [49 U.S.C. 46308](#).
- (3) Improper transportation of a [hazardous material](#); [49 U.S.C. 46312](#).
- (4) Aircraft piracy; [49 U.S.C. 46502](#).
- (5) Interference with flight crew members or flight attendants; [49 U.S.C. 46504](#).
- (6) Commission of certain crimes aboard aircraft in flight; [49 U.S.C. 46506](#).
- (7) Carrying a weapon or [explosive](#) aboard aircraft; [49 U.S.C. 46505](#).
- (8) Conveying false information and threats; [49 U.S.C. 46507](#).
- (9) Aircraft piracy outside the special aircraft jurisdiction of the [United States](#); [49 U.S.C. 46502\(b\)](#).
- (10) Lighting violations involving transporting controlled substances; [49 U.S.C. 46315](#).
- (11) Unlawful entry into an aircraft or airport area that serves air [carriers](#) or foreign air [carriers](#) contrary to established security requirements; [49 U.S.C. 46314](#).
- (12) Destruction of an aircraft or aircraft facility; [18 U.S.C. 32](#).
- (13) Murder.
- (14) Assault with intent to murder.
- (15) Espionage.
- (16) Sedition.
- (17) Kidnapping or hostage taking.
- (18) Treason.
- (19) Rape or aggravated sexual abuse.
- (20) Unlawful possession, use, sale, distribution, or manufacture of an [explosive](#) or weapon.
- (21) Extortion.
- (22) Armed or felony unarmed robbery.
- (23) Distribution of, or intent to distribute, a controlled substance.
- (24) Felony arson.
- (25) Felony involving a threat.
- (26) Felony involving -
  - (i) Willful destruction of property;
  - (ii) Importation or manufacture of a controlled substance;
  - (iii) Burglary;
  - (iv) Theft;
  - (v) Dishonesty, fraud, or misrepresentation;
  - (vi) Possession or distribution of stolen property;
  - (vii) Aggravated assault;
  - (viii) Bribery; or
  - (ix) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.
- (27) Violence at international airports; [18 U.S.C. 37](#).
- (28) Conspiracy or attempt to commit any of the criminal acts listed above.

**FOR AIRPORT AUTHORITY USE ONLY**

Arrange Interview:  YES  NO

Remarks:

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Employed:  YES  NO

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_

Department: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTES:** \_\_\_\_\_

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