



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, age, disability status, protected veteran status, or any other characteristic protected by law. Date of birth is required from all applicants to facilitate a background check.

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

Date

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 <u>or</u> 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.

Are you able to perform the tasks, without accommodation, as described in the job description? (By answering this question, you confirm that you have reviewed the job description for this position.) YES NO

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

III. EMPLOYMENT EXPERIENCE (10 year minimum)

Start with your present or most recent job and list all employers during the past 10 years. Include any military service assignments. 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: _____

Explain any gaps of 12 months or more in employment.

IV. REFERENCES

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:** 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**.
- **I, _____, HEREBY GIVE CONSENT TO ANY AND ALL PRIOR EMPLOYERS TO PROVIDE INFORMATION REGARDING MY EMPLOYMENT TO THE LINCOLN AIRPORT AUTHORITY.**
- 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 Airport Authority.

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 in the Application all previous employers for the ten-year period preceding the date of this application and 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 designated 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.

Driver's License: State Issued: _____ Number: _____ Expiration: _____

Print Name: _____ Date of Birth: ___/___/_____

Signature: _____ Date: _____

FOR AIRPORT AUTHORITY USE ONLY

Arrange Interview: YES NO

Remarks:

Employed: YES NO

Date of Employment: _____

Job Title: _____

Hourly Rate/Salary: _____

Department: _____

By: _____

Date: _____

NOTES: _____
