

PERSONAL HISTORY PACKAGE

Airport Police Officer

This addition to the application must be completed and returned to the Memphis-Shelby County Airport Authority, Human Resources Division at 2491 Winchester Road, Memphis, TN 38116.

Please attach the following to this application and addition:

1. A copy of your **high school** and **college** transcripts and diplomas, if applicable.
2. If prior military, a copy of your DD-214.
3. Signed and dated release form.
Authorization for Release of Personal Information must be signed and notarized.
4. A copy of your Birth Certificate will be required after a contingent offer of employment is made.
5. If Tennessee Peace Officer Standards Training (P.O.S.T.) certified, a copy of your certification.

PLEASE NOTE: Your application may *not* receive further consideration for employment if any information requested is not furnished.

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT OF POLICY

The Airport Authority is an Equal Opportunity Employer, and it is our policy to seek and employ the best qualified personnel from the available work force and to provide employment and promotional opportunities based on qualifications, independent of race, color, sex, sexual orientation, age, religion, national origin, marital status, veteran status, or disability.

WE ARE COMMITTED TO A DRUG FREE WORKPLACE
ALL JOB APPLICANTS AND EMPLOYEES ARE SUBJECT TO DRUG TESTING

EOE, M/F, D/V

PLEASE READ. Answer each question on this form. If additional information must be submitted in relationship with a specific question, please submit this information on additional sheets of letter size paper (8 ½ " x 11") and attach to this form. Precede each answer with the number of and letter of the referenced section. ANY FALSE STATEMENT OR MISLEADING INFORMATION KNOWINGLY GIVEN IN THIS QUESTIONNAIRE IS JUST CAUSE FOR DENYING YOUR APPLICATION OR TERMINATING YOUR EMPLOYMENT. There are to be no "unknown" or unanswered questions when this form is completed. If a question or the information requested does not apply, indicate this by using the symbol "N/A" or "not applicable". Should this questionnaire be unsatisfactorily completed, your application may be rejected.

1. PERSONAL HISTORY

DATE _____ POSITION APPLYING FOR _____ JOB NO. _____

A. _____ Are you at least 18 years of age? _____

Name (Last, First, Middle)

B. _____
 Name and phone number of a neighbor or relative with whom you are in regular contact. Note the relationship to that person. _____

C. Are you legally authorized to work in the United States? ____ Yes ____ No
 Current driver license number and state of issue: _____ (Valid: ____ Yes ____ No)

D. Have ever been issued a driver license from any other state? ____ Yes ____ No

E. If yes, please list the driver license number and state of issuance below:

DL#	State	DL#	State

F. Maiden name or any other names that you have used, including nicknames or surnames:

2. RESIDENCE

Chronologically, list all residences in the past ten (10) years, regardless of length of time you resided there, beginning with your current residence. If you were ever in the military service, list dates, branch and duty station only, unless you resided off base. Do not list mailing address or permanent residents unless you actually lived at that location during the time in question. Also, include the apartment number and telephone number of the resident manager, if applicable, and any addresses while attending school if away from home. Note: When living with parents or guardian(s). Indicate parent with *P and guardian with *G.

FROM MONTH/YR	TO MONTH/YR	STREET ADDRESS	APT. NO.	CITY	STATE

3. COURT RECORD

Have you ever been convicted of any felony or a misdemeanor? Yes _____ No _____

If yes, please explain: _____

*A conviction record will not necessarily be a bar to employment. Other factors affect the final hiring decision.

NOTE:

If selected for this position, you will be required to take a complete physical and psychological examination prior to beginning employment with the Airport Authority.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
THIS FORM MUST BE NOTARIZED

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Airport Police, Memphis-Shelby County Airport Authority, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Airport Police, Memphis-Shelby County Airport Authority. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable of giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. Further, in processing my application for employment, the Airport Authority may verify all the information provided by me, or may procure or have prepared a consumer or investigative consumer report for this purpose concerning, among other things, my prior employment or military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that the Airport Authority will inform me by mail within three (3) days of any request to obtain an investigative consumer report.

This authorization is extended throughout my recruit training and probationary periods.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

This _____ day of _____, 20 _____.

Notarized by:

Signature (Include Maiden Name)

Signature

Print Name and Maiden Name

Print Name

Address

Date Commission Expires

City State Zip

Place Seal Below:

Area Code Telephone No.