



**MEMPHIS-SHELBY COUNTY
AIRPORT AUTHORITY**

**Memphis International Airport
2491 Winchester Road, Suite 113
Memphis, TN 38116-3856
(901) 922-8398 JOB HOTLINE
(901) 344-2487 FAX
(901) 922-8049 PHONE**

**APPLICATION FOR EMPLOYMENT
(Please Print or Type)**

POSITION APPLYING FOR _____ **JOB NO.** _____

PERSONAL			
Last Name	First	Middle	
Street Address		Home Telephone: () _____	
		Business Telephone: () _____	
City	State	Zip	Pager Number: () _____
		Cellular Telephone: () _____	
When will you be available to work? _____		Are you willing to work shifts? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you lawfully employable in the United States either by U.S. citizenship or by proper authorization? Yes <input type="checkbox"/> No <input type="checkbox"/> (Proof of U.S. citizenship or immigration status will be required upon employment.)			
If no, please explain _____			
* Have you ever been convicted of a crime other than minor traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state nature of offense, when, where and disposition _____ _____			
*A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.			
Driver License No. _____ Class _____ Expiration _____ State _____ (Valid: Yes <input type="checkbox"/> No <input type="checkbox"/>)			
Do you have a spouse, parent, sibling, child, in-law or step relation presently employed by the Memphis-Shelby County Airport Authority? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list names and relationship _____			
WE ARE AN EQUAL OPPORTUNITY EMPLOYER EOE, M/F, D/V			

EDUCATION AND TRAINING

HIGH SCHOOL

School Name and Location	List All Courses Successfully Completed Which You Feel Qualify You For This Position	Attendance	Diploma/Degree
_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	Graduated Yes <input type="checkbox"/> No <input type="checkbox"/> If no, last grade Completed: ____ GED Yes <input type="checkbox"/> No <input type="checkbox"/>	Last Year Attended/Graduated _____ _____ GED Date _____

BUSINESS

Correspondence, Business, Vocational, or Other Schools	List All Courses Successfully Completed Which You Feel Qualify You For This Position	Dates Attended	Completed
_____ _____ _____ _____	_____ _____ _____ _____	From _____ to _____ _____ From _____ to _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

COLLEGE

Copies of Diplomas and/or Transcripts must be submitted for all degrees earned, if applicable.

College or University _____ _____ _____ _____ _____	List All Courses Successfully Completed Which You Feel Qualify You For This Position _____ _____ _____ _____ _____	Number of Hours Completed _____ Semester _____ Quarter	Graduated Yes <input type="checkbox"/> No <input type="checkbox"/> Type of Degree _____ Date of Graduation _____ Major _____ Minor _____
College or University _____ _____ _____ _____ _____	List All Courses Successfully Completed Which You Feel Qualify You For This Position _____ _____ _____ _____ _____	Number of Hours Completed _____ Semester _____ Quarter	Graduated Yes <input type="checkbox"/> No <input type="checkbox"/> Type of Degree _____ Date of Graduation _____ Major _____ Minor _____

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EMPLOYMENT RECORD

BEGIN WITH YOUR PRESENT EMPLOYMENT. IF UNEMPLOYED, START WITH YOUR IMMEDIATE PAST EMPLOYMENT. BE SPECIFIC AND COMPLETE. IF ADDITIONAL SPACE IS NEEDED, ATTACH AN 8 1/2 " x 11" SHEET TO THIS FORM.

LIST TEN (10) YEARS OF EMPLOYMENT HISTORY.

Your Job Title _____ Company Name _____ Address _____ Name of Supervisor _____ Describe Your Duties _____ _____ _____ _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Telephone No. () _____ Employed (Indicate Month, Day and Year) From _____ To _____ Annual Salary Start _____ Last _____ Reason for Leaving _____ _____ May We Contact This Employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Please Explain _____ _____
Your Job Title _____ Company Name _____ Address _____ Name of Supervisor _____ Describe Your Duties _____ _____ _____ _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Telephone No. () _____ Employed (Indicate Month, Day and Year) From _____ To _____ Annual Salary Start _____ Last _____ Reason for Leaving _____ _____ May We Contact This Employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Please Explain _____ _____
Your Job Title _____ Company Name _____ Address _____ Name of Supervisor _____ Describe Your Duties _____ _____ _____ _____ Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Telephone No. () _____ Employed (Indicate Month, Day and Year) From _____ To _____ Annual Salary Start _____ Last _____ Reason for Leaving _____ _____ May We Contact This Employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Please Explain _____ _____

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MILITARY EXPERIENCE

Branch of Service:	Rank at Discharge:
* Type of Discharge:	
*A dishonorable or general discharge is not an absolute bar to employment; other factors affect the final hiring decision. (Exception: Police Officer candidates may not have been released or discharged under any other than honorable discharge from any of the armed forces of the United States.)	
Indicate any education or training received in the military. _____ _____ _____ _____	

ADDITIONAL SKILLS

Indicate any special skills, training or interests not previously indicated which you feel qualifies you for the above position. _____ _____ _____
Indicate any professional licenses, license numbers and their expiration dates. _____ _____ _____

VERIFICATION OF ACCURACY AND UNDERSTANDING (PLEASE READ, SIGN, AND DATE)

I understand and voluntarily agree that:

- (1) The information that I have provided in this application is true and complete to the best of my knowledge. I further understand and agree that any misrepresentation or omission of any fact in my application, resume or any other materials or during any interview can be justification for refusal of my employment or, if employed, subsequent termination from the Airport Authority.
- (2) Any offer of employment I may receive from the Airport Authority is contingent upon my successful completion of the Airport Authority's total pre-employment screening process; including the Airport Authority receiving references that it considers satisfactory and my satisfactory completion of any post-job offer pre-employment physical examination that the Airport Authority may require.
- (3) I understand that as a condition to my employment, I will be required to undergo and successfully pass a medical screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to alcohol or drug screening pursuant to the Airport Authority's substance abuse policies.
- (4) I authorize the Memphis-Shelby County Airport Authority to use any of the information provided for compliance with the Federal Aviation Administration (FAA) regulations. Terms and conditions of employment, which exist at the time of employment, are controlled by the Memphis-Shelby County Airport and are subject to change.

Signature

Date