



**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 fill out the following information)**

**POSITION APPLYING FOR** \_\_\_\_\_ **JOB NO.** \_\_\_\_\_

<b>PERSONAL</b>				
Last Name	First	Middle		
Street Address		Home Telephone:		
		Business Telephone:		
City	State	Zip	Cellular Telephone:	
When will you be available to work?		Are you willing to work shifts? Yes      No		
Are you lawfully employable in the United States either by U.S. citizenship or by proper authorization? Yes      No (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      No				
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      No      )
Do you have a spouse, parent, sibling, child, in-law or step relation presently employed by the Memphis-Shelby County Airport Authority? Yes      No				
If yes, list names and relationship				
<b>**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**</b>				
<b>EOE, M/F, D/V</b>				

## 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 No If no, last grade Completed: ____ GED            Yes No	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 _____	Yes        No
		From _____ to _____	Yes        No

### 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 No 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 No Type of Degree Date of Graduation Major Minor

**\*\*WE ARE AN EQUAL OPPORTUNITY EMPLOYER\*\***  
EOE, M/F, D/V

## 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 ½ " x 11" SHEET TO THIS FORM.

### LIST TEN (10) YEARS OF EMPLOYMENT HISTORY.

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

**\*\*WE ARE AN EQUAL OPPORTUNITY EMPLOYER\*\***  
**EOE, M/F, D/V**

## 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.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date