



**Memphis-Shelby County Airport Authority
Application for Employment and Personal History Packet
Airport Emergency Dispatcher**

PERSONAL				
Last Name	First	Middle		
Street Address		Phone Number:		
		Email:		
City	State	Zip		
When will you be available to work? _____		Are you willing to work shifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you lawfully employable in the United States either by U.S. citizenship or by proper authorization? (Proof of U.S. citizenship or immigration status will be required upon employment.)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please explain:				
* Have you ever been convicted of a crime other than minor traffic violations? If yes, state nature of offense, when, where and disposition:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
*A conviction record will not necessarily be a bar to employment. This information will be used based on TCA 38-8-106 and TCA 7-86-205.				
Driver License Number:	Class:	Expiration:	State: Valid: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been issued a driver license from any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the driver license number and state of issuance below.				
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">Driver License Number</div>		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">State of Issuance</div>		
Do you have a spouse, parent, sibling, child, in-law or step relation presently employed by the Memphis-Shelby County Airport Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list names and relationship:				

EDUCATION AND TRAINING

HIGH SCHOOL

School Name and Location	Attendance	Diploma / G.E.D
	Graduated: Yes No If no, last grade completed:	
	Graduated: Yes No If no, last grade completed:	

BUSINESS

Correspondence, Business, Vocational, or Other Schools	List All Courses Successfully Completed Which You Feel Qualify You For This Position	Dates Attended	Completed
			Yes No
			Yes No

COLLEGE

College or University	List All Courses Successfully Completed Which You Feel Qualify You For This Position	Number of Hours Completed	Graduated
			Graduated: Yes No Type of Degree: Graduation Date: Major: Minor:
			Graduated: Yes No Type of Degree: Graduation Date: Major: Minor:
			Graduated: Yes No Type of Degree: Graduation Date: Major: Minor:
			Graduated: Yes No Type of Degree: Graduation Date: Major: Minor:



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EMPLOYMENT RECORD

(Begin with most current employment history first. If unemployed, begin with your immediate past employment.)

Employment		Duties and Responsibilities	Employment Dates	Salary	Reason for Leaving
Job Title	Supervisor		From:	Starting Salary	
Company	Phone Number		To:	Ending Salary	
Full-Time Part-Time					
Job Title	Supervisor		From:	Starting Salary	
Company	Phone Number	To:	Ending Salary		
Full-Time Part-Time					
Job Title	Supervisor	From:	Starting Salary		
Company	Phone Number	To:	Ending Salary		
Full-Time Part-Time					
Job Title	Supervisor	From:	Starting Salary		
Company	Phone Number	To:	Ending Salary		
Full-Time Part-Time					

Have you ever been terminated, asked to resign, or resigned while under investigation or in lieu of termination?	Yes No	Comments:
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MILITARY EXPERIENCE

Airport Police Officer candidates may not have been released or discharged under any other than honorable discharge from any armed forces of the United States.

Branch of Service	Rank at Discharge	Type of Discharge	Education or Training Received in Military

ADDITIONAL SKILLS

Indicate any special skills, training or interests not previously indicated which you feel qualifies you for this position.

Indicate any professional certifications, licenses, license numbers, and expiration dates.



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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

EQUAL EMPLOYMENT OPPORTUNITY AFFIRMATIVE ACTION STATEMENT OF POLICY

The Airport Authority is an Equal Opportunity Employer, and it is our policy to seek and employ the best qualified employees 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

Personal History Packet (PHP)

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 final DD-214.
3. Signed and dated release form. The Authorization for Release of Personal Information must be signed and notarized.
4. A copy of your Birth Certificate will be required after an offer of employment is made.
5. If Tennessee 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. All telephone numbers and addresses for references and social acquaintances must include area codes and zip codes.

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PLEASE READ: Answer each question. 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 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.

PERSONAL HISTORY

1. Applicants applying for Airport Emergency Dispatcher, are you at least 18 years of age?
Applicants applying for Airport Police Officer, are you at least 21 years of age?
2. Please provide a name and phone number of a neighbor or relative with whom you are in regular contact. Note the relationship to that person.
3. Please include your maiden name or any other names that you have used, including nicknames or surnames.

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 so-called 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.

From Month/Year	To Month/Year	Street Address Note: When living with parents or guardian(s). Indicate parent with *P and guardian with *G.	Apartment Number	City	State

COURT RECORD

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

Have you ever been convicted of any felony or a misdemeanor? Yes No
If yes, please explain:



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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; financial or credit institutions including records of loans, the records of commercial or retail credit agencies (including credit records and/or ratings); and other financial statements and records wherever filed; 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 or Operations, 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:
Place Seal Below:

City State Zip

Area Code and Phone Number