

Virginia Tech Montgomery Regional Airport Authority

An Equal Opportunity Employer

Application for Employment

Employees of the Authority and applicants for employment shall be afforded equal opportunity in all employment without regard to race, color, religion, political affiliation, national origin, disability, gender or age.

Print in ink (preferably black) or Type
Number of Attachments:

Please Return this Application to
the Airport/Operations Director

Position Applied For: (One per application)

How did you hear about this position:

1. Personal Information

Full Legal Name:

Last *First* *Middle*

Address:

City *State* *Zip*

Home Phone:

Cell Phone:

Email Address:

2. Education

Highest Grade Completed: Year Completed: If you did not complete high school, do you have a high school equivalency diploma? Date Rcv'd

Post High School Education:
Name of Institution: *Location:* *Hours:* *Degree/Certificate Received* *Major or Specialty* *Minor* *Dates Attended:*

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

3. Prior Work Experience

Military Service? Branch of Service: (Use fields below to detail military experience, years of service, etc.)

Starting with the most recent, describe ALL paid, military, and applicable voluntary experience. Highlight your knowledge, skills, and abilities which best demonstrate your qualifications. You may list significantly different jobs within the same organization as separate items. **May we contact your current supervisor?**

1.

Job Title: Employer: Address:
Type of Business: Immediate Supervisor: Phone:
Dates of Employment: to Salary/Wage: Start End: Full or Part Time: Hour/Week:
Duties:

Number of employees you supervised: Reason for Leaving:

2.

Job Title: Employer: Address:
Type of Business: Immediate Supervisor: Phone:
Dates of Employment: to Salary/Wage: Start End: Full or Part Time: Hour/Week:
Duties:

Number of employees you supervised: Reason for Leaving:

3.

Job Title: _____ Employer: _____ Address: _____
 Type of Business: _____ Immediate Supervisor: _____ Phone: _____
 Dates of Employment: _____ to _____ Salary/Wage: Start _____ End: _____ Full or Part Time: _____ Hour/Week: _____
 Duties: _____

Number of employees you supervised: _____ Reason for Leaving: _____

4.

Job Title: _____ Employer: _____ Address: _____
 Type of Business: _____ Immediate Supervisor: _____ Phone: _____
 Dates of Employment: _____ to _____ Salary/Wage: Start _____ End: _____ Full or Part Time: _____ Hour/Week: _____
 Duties: _____

Number of employees you supervised: _____ Reason for Leaving: _____

4. References

List names, address, phone and relationship of three persons, not related to you , who know your qualifications.

Name: _____ Address: _____ Phone: _____ Relationship: _____

5. Miscellaneous

Check shifts you will except: Day _____ Evening _____ Night _____ Rotating _____ Weekends _____
 Check which job status you will except: Full Time _____ Part Time _____ Specify Other: _____
 Are you will to except employment that requires travel: No _____ Yes, Specify: _____

- A. For the purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States of America? Yes _____ No _____
- B. Under The Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- C. For purposes of compliance with Section 2.1-112 of the Code of Virginia, have you ever served in the Armed Forces of the United States? Yes _____ No _____

When will you be able to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

License (to include driver's), certificate or other authorization to practice a trade or profession:

Type License/Certificate _____ License/Certificate Number _____ Expiration Date _____ Granted By (Issuing Authority or Board) _____

Are you willing to provide your own transportation if necessary for your employment? Yes _____ No _____

Certification - Each Application Requires Current Date and Signature:

I hereby certify that all entries on both side and attachments are true and complete, and I agree and understand the any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the Virginia Tech Montgomery Airport Authority. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Authority to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date: _____ Applicant Signature: _____

(Type full name above and email/submit form. Print form, sign above, submit, email or bring to airport)