

# GEORGETOWN-SCOTT COUNTY REGIONAL AIRPORT

## APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

### PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS		CITY	ZIP CODE
PERMANENT ADDRESS		CITY	ZIP CODE
PHONE NUMBER (     )     -	HOW DID YOU HEAR ABOUT THIS JOB?		

### EMPLOYMENT DESIRED

POSITION APPLYING FOR	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED?     _____ YES     _____ NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	_____ YES     _____ NO
EVER APPLIED TO THIS COMPANY BEFORE?     _____ YES     _____ NO	WHERE?	WHEN?

### EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL			

### GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH	
WORK OR SPECIAL TRAINING/SKILLS	
U. S. MILITARY OR NAVAL SERVICE	RANK

### FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE - MM/YY	NAME & ADDRESS OF EMPLOYER	SALARY	REASON FOR LEAVING
FROM / TO /			
FROM / TO /			
FROM / TO /			
FROM / TO /			

CONTINUED ON OTHER SIDE

*APPLICATION FOR EMPLOYMENT*

**REFERENCES**

LIST THE NAMES OF THREE REFERENCES WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE	YEARS KNOWN

**AUTHORIZATION**

" I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**NOTICE** Georgetown Airport requires drug testing as part of consideration for employment, and does occasionally require mandatory drug testing.

**DO NOT WRITE BELOW THIS LINE**

**REMARKS**


NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED	FOR DEPT.	POSITION	SALARY WAGES

APPROVED 1. \_\_\_\_\_ APPROVED 2. \_\_\_\_\_

EMPLOYMENT MANAGER

GENERAL MANAGER