



The Wilkes-Barre/Scranton International Airport is an Equal Opportunity Employer and does not discriminate because of any reasons prohibited by applicable Federal or State Law.

## EMPLOYMENT APPLICATION(ADMINISTRATION)

THIS APPLICATION MUST BE IN YOUR OWN HANDWRITING.

ALL QUESTIONS ON THIS FORM MUST BE ANSWERED.

Date \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

Name in full \_\_\_\_\_ Telephone \_\_\_\_\_  
(Last) (First) (M.I.) (Home)

List any nicknames or aliases \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, give Alien Registration Number \_\_\_\_\_

### EMPLOYMENT INFORMATION

<b>Date You Can Start</b>	<b>Position Desired</b>	<b>Salary Desired</b>
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		
<b>Are You Employed Now?</b>	<b>If Yes, Do We Have Your Permission to Inquire of Your Present Employer?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do You Object to Working Overtime, Generally?</b>	<b>Do You Object to Working on a Saturday or Sunday, if necessary?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are There Any Particular Hours/Times/Days You Can Not Work?</b>		
<b>Have you received First Aid Training? CPR? Or any other Emergency Medical Training? <input type="checkbox"/> Yes    <input type="checkbox"/> No</b>		

### EDUCATIONAL HISTORY

NAME AND LOCATION	COURSE MAJORED IN OR DEGREE	NUMBER OF YEARS ATTENDED	LAST YEAR ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL				

NAME AND LOCATION	COURSE MAJORED IN OR DEGREE	NUMBER OF YEARS ATTENDED	LAST YEAR ATTENDED	DID YOU GRADUATE?
TRADE SCHOOL				
COLLEGE				
COLLEGE				
OTHER SCHOOLING				
Do You Have Any Special Training? ( ) Yes ( ) No If Yes, Explain:				

In case of emergency, notify (NAME) \_\_\_\_\_ (RELATIONSHIP) \_\_\_\_\_

(ADDRESS) \_\_\_\_\_ (PHONE NUMBER) \_\_\_\_\_

**U.S. MILITARY SERVICE**

DATE ENTERED SERVICE \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_

WHAT DID YOU DO IN THE SERVICE? \_\_\_\_\_ RANK AT DISCHARGE \_\_\_\_\_

**-- PREVIOUS EMPLOYMENT RECORD --**  
**STARTING WITH CURRENT JOB (OR MOST RECENT POSITION)**  
 NOTE: You are required to provide a list of employers/jobs for the previous ten (10) year period, as applicable.

A – Firm Name B – Address C – Phone Number	Dates Employed	Job Title & Duties	Reason For Leaving
A B _____ B _____ C _____	From:  To:		
A B _____ B _____ C _____	From:  To:		
A B _____ B _____ C _____	From:  To:		

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Were you ever convicted of a felony? \_\_\_\_\_ If yes, give details. If you need an extra sheet of paper, please use one.

Do you have a valid current Pennsylvania Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

What class Pennsylvania Driver's License do you have? \_\_\_\_\_

Has your Driver's License ever been suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, for what? (Give details). \_\_\_\_\_

If yes, when was it restored to you? \_\_\_\_\_

REFERENCES (List Name, Title, Address, and Phone Number)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

(If you need additional space, please continue on a separate sheet of paper.)

Summarize special skills, procedures and qualifications acquired from previous employment.

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I authorize Wilkes-Barre/Scranton International Airport (hereinafter respectively referred to as AIRPORT) to investigate all of the statements contained in this application; to contact any and all of my former employers, educational institutions I attended; and to obtain a copy of my credit history.

I unconditionally agree to provide AIRPORT with any and all other documents, tests, notes and other information and results and opinions developed in connection with my application for employment, or subsequently required by it for the maintenance of employment or for other lawful purposes in connection with my employment.

I unconditionally authorize AIRPORT and/or its designee(s) to chemically test my blood urine for the presence of alcohol/controlled substances in a pre-employment physical and/or at any other time (random) during the term of my employment, as determined solely by AIRPORT, in the event I become employed by AIRPORT.

I hereby affirm that all the information I gave in this employment application is true, correct and complete. I fully understand and agree that if I gave any false or misleading information, answer or statement, or made any omission either on this application or in my interview before hiring, it will be good and sufficient reason for not being offered employment. If I do become employed by the AIRPORT, my supplying of any false, misleading or incomplete answers or information, or omissions in the information I have supplied will be willful misconduct and thus cause for my immediate discharge by the AIRPORT, if later discovered. Further, I understand and agree that my employment is for no definite period and the AIRPORT may, terminate me at any time without any previous notice or reason.

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Date*

***Employment Data Record***

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Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, and other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government recordkeeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

***VOLUNTARY SURVEY***

(Please Print)

Date \_\_\_\_\_

Government agencies at times require periodic reports on the sex, ethnicity, veteran, and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip Code
Social Security No.		

	Complete Only the Sections Below That Have Been Checked
[	Current Job
[	Check One: ( ) Male ( ) Female
[	Veteran: ( ) Yes ( ) No
[	Check One of the Following (Ethnic Origin): ( ) White ( ) Black ( ) Hispanic ( ) American Indian/Alaskan Native ( ) Asian/Pacific Islander ( ) Other