

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 F YOUR OWN HANDWRITIN			ALL QUESTIONS ON THIS FORM MUST BE ANSWERED	
Date				
Name in full (Last)	(First)	(M.I.)	elephone(Home)	
List any nicknames or aliases				
Street Address	,,			
City	State	_ Zip Code	County	
Are you a U.S. Citizen? Yes	No			
	fumber			
If not, give Alien Registration N l Date You Can Start		T INFORMAT		
Date You Can Start	EMPLOYMEN	T INFORMAT	rion	
Date You Can Start	Position Desired () Temporary	T INFORMA	rion	
Date You Can Start () Full Time () Part Time	Position Desired () Temporary If Yes, Do We Ha	T INFORMAT	FION Salary Desired	
Date You Can Start () Full Time () Part Time Are You Employed Now?	Position Desired () Temporary If Yes, Do We Ha	T INFORMAT () Permanent ave Your Permission t) No Do You Object to if necessary?	FION Salary Desired o Inquire of Your Present Employer?	
Date You Can Start () Full Time () Part Time Are You Employed Now? () Yes () No Do You Object to Working Overtime,	Position Desired () Temporary If Yes, Do We Ha () Yes (Generally?	T INFORMAT () Permanent () Permanent ive Your Permission t) No Do You Object to if necessary? () Yes (Salary Desired o Inquire of Your Present Employer? o Working on a Saturday or Sunday,	
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COURSE

MAJORED IN

OR DEGREE

NAME AND LOCATION

HIGH SCHOOL

NUMBER

OF YEARS

ATTENDED

LAST

YEAR

ATTENDED

DID

YOU

GRADUATE?



2 of 4

NAME AND LOCATI	ON 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 Tra If Yes, Explain:	lining? () Yes () No					
I I to, Dapidin.						
In case of emergency, notify (N	AME)	(RELATIONS	HIP)			
(ADDRESS)	ADDRESS) (PHONE NUMBER)					
U.S. MILITARY SERVICE	E					
DATE ENTERED SERVICE		BRANCH OF	SERVICE			
WHAT DID YOU DO IN THE SERVICE? RANK AT DISCHARGE						
	PREVIOUS EMPL	OYMENT RECORD				
	NG WITH CURRENT JO	B (OR MOST RECEN	T POSITIO			
1401E. Tou are require	to provide a list of employers	ajobs for the previous ten	(10) year perior	и, ав аррисавіе.		
A - Firm Name	D-4	Job Title		Reason		
B – Address C – Phone Number	Dates Employed	& Duties		For Leaving		
A	From:	Dates		2007105		
B	То:					
В						
C						
A	From:			· · · · · · · · · · · · · · · · · · ·		

To:

From: To:

Α





Were you ever convicted of a felony? _____ If yes, give details. If you need an extra sheet of paper, please use Do you have a valid current Pennsylvania Driver's License? ______ Yes 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) (If you need additional space, please continue on a separate sheet of paper.) Summarize special skills, procedures and qualifications acquired from previous employment. 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

3 of 4



Rev. 10/08

4 of 4

Emplo	Employment Data Record						
Employe marital c	ees are treated during employment without regard to race, color, religion, sex, national origin, age, or veteran status, disability, and other legally protected status.						
As an en Affirmat	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)						
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 Se	curity 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						