

The Asheville Regional Airport Authority Application for Employment

The Asheville Regional Airport Authority considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Have you ever filed an application with the Asheville Regional Airport Authority?

Have you ever been employed by the Asheville Regional Airport Authority?

Are you currently employed?

May we contact your present employer?

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

Are you available to work:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

<input type="checkbox"/> Full Time	<input type="checkbox"/> Temporary
<input type="checkbox"/> Part Time	<input type="checkbox"/> Shift Work

Are you currently on "lay-off" status and subject to recall?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Can you travel if a job requires it?

Have you been convicted of a felony?
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain.

What is your desired salary range? _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Do you speak read or write any foreign languages? (Please indicate) _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military. _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If additional space is required, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Please summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check Skills / Equipment Operated)

<input type="checkbox"/> Fax	<input type="checkbox"/> PowerPoint	Production / Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC	<input type="checkbox"/> Excel		
<input type="checkbox"/> Calculator	<input type="checkbox"/> Maintenance Software		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word		

State any additional information you feel may be helpful to the Asheville Regional Airport Authority in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is available at www.flyavl.com under employment.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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References

Name	Address	Phone Number

Applicant's Statement

I certify that the answers given herein are true and complete.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Asheville Regional Airport Authority may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Asheville Regional Airport Authority.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Asheville Regional Airport Authority.

Signature of Applicant

Date

Incomplete applications will not be considered, even if accompanied by a resume.

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Arrange Interview Yes No

Remarks _____

Interviewer Date

Employed Yes No Date of Employment _____

Hourly Rate/

Job Title _____ Salary _____ Department _____

By _____

Name and Title

Date

Notes: _____

