

# APPLICATION FOR EMPLOYMENT

## SPRINGFIELD AIRPORT AUTHORITY ABRAHAM LINCOLN CAPITAL AIRPORT

1200 Capital Airport Drive  
Springfield, Illinois 62707-8489  
Phone: 217-788-1060  
Fax: 217-788-8056

**PLEASE PRINT OR TYPE**

Date \_\_\_\_\_

Position Applied for \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Telephone # \_\_\_\_\_

THE SPRINGFIELD AIRPORT AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER  
BY BOTH POLICY AND PRACTICE AND COMPLIES WITH ALL FEDERAL AND  
STATE LAWS WHICH FORBID DISCRIMINATION.

*Persons may not be considered for original employment or rehire when the applicant will be under the supervision of a relative.  
If two employees marry, they may continue employment provided that neither employee is the supervisor of the other.*

**May substitute resume if all information requested herein is included.**

### EMPLOYMENT EXPERIENCE

List your complete record of employment for the PAST TEN YEARS. Begin with your present job and describe in detail all periods of employment, including self-employment, military service, part-time employment and volunteer work. Account for your time during any intervals of unemployment other than those when you were attending school. Use additional sheet if necessary.

Firm Name \_\_\_\_\_ Kind of Business \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Start Date \_\_\_\_\_ Starting Salary \_\_\_\_\_ Title \_\_\_\_\_

Leave Date \_\_\_\_\_ Final Salary \_\_\_\_\_ Title \_\_\_\_\_

Description of Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact?  Yes  No

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Firm Name \_\_\_\_\_ Kind of Business \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Start Date \_\_\_\_\_ Starting Salary \_\_\_\_\_ Title \_\_\_\_\_

Leave Date \_\_\_\_\_ Final Salary \_\_\_\_\_ Title \_\_\_\_\_

Description of Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact?  Yes  No

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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Description of Duties \_\_\_\_\_

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Description of Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact?  Yes  No

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**RECORD OF EDUCATION**

School	Name and Address of School	Course of Study Credits Earned	# of Years Completed	Did You Graduate	Diploma or Degree
Elementary					
High School					
College					
Other (Specify)					

What experience do you have with:  
 MS Word \_\_\_\_\_ MS Excel \_\_\_\_\_ MS Access \_\_\_\_\_ MS PowerPoint \_\_\_\_\_ MS Outlook \_\_\_\_\_

Other software/programs: \_\_\_\_\_

Typing speed \_\_\_\_\_ wpm                      Shorthand speed \_\_\_\_\_ wpm

Describe any education or training you have had which is not covered above: \_\_\_\_\_

List any special skills relevant to the position for which you are applying: \_\_\_\_\_

List any hobbies, interests or any other skills or honors which have a direct bearing on the job you are seeking: \_\_\_\_\_

Technical or Professional License \_\_\_\_\_ Number: \_\_\_\_\_  
 State in which issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Current: Yes No

Are you legally authorized to work in the United States?      Yes      No

Do you have a valid Illinois Driver's License?      Yes      No      Class \_\_\_\_\_

Have you ever been discharged from a job?      Yes      No      Explain in full detail: \_\_\_\_\_

Have you ever been convicted of an offense against the law or forfeited collateral?     No     Yes  
 (You may omit: (1) Traffic violations for which you paid a fine of \$150.00 or less, and (2) any offense committed before your 21<sup>st</sup> birthday which was finally adjudicated in a juvenile court or under a youth offender law.) Convictions will not absolutely prohibit employment, but will be considered in relation to specific job requirements.

If yes, explain in detail: \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_

Is additional information, such as an assumed name, necessary in order to check references? \_\_\_\_\_

If hired, what days and hours would you be available to work? \_\_\_\_\_

If hired, what date would you be available to work? \_\_\_\_\_

Before any offer of employment can be made, applicant must pass a pre-employment physical and drug and alcohol screen.

**MILITARY SERVICE RECORD**

(Unless completed on Page 2)

Were you in U.S. Armed Forces?    Yes    No    If yes, what Branch? \_\_\_\_\_

How long did you serve in active duty? \_\_\_\_\_yrs    How long did you serve in the reserves? \_\_\_\_\_yrs    Total years served: \_\_\_\_\_

List any special skills or training from your military experience applicable to the position you are applying for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN BELOW:**

The facts set forth in my application for employment are true and complete. I understand that, if employed, omissions or false or inaccurate statements on this application shall be considered sufficient cause for dismissal. I hereby authorize all prior employers, schools, credit bureaus, Social Security Administration, law enforcement agencies and investigative agencies to give the Springfield Airport Authority any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, concerning the position applied for. I understand that employee positions that require unescorted airfield access are required by the Federal Government to have a fingerprint based criminal history record check conducted. I release all persons or entities from all liability for any damage that may result from furnishing information to the Springfield Airport Authority. I also release the Springfield Airport Authority and all of its employees from all liability for any damage that may result from reliance on the information furnished. If employed by the Springfield Airport Authority, I agree to abide by its policies, rules and regulations. I understand and agree that my employment is at-will, and therefore, my employment and compensation can terminate, with or without cause, at any time at my option or the option of the Springfield Airport Authority, unless it is modified by a union bargaining agreement or a specific written employment contract for a special duration which is signed by a duly authorized officer of the Springfield Airport Authority. This at-will employment relationship may not be modified by any oral or implied agreement. I understand that this application is good for only one hundred eighty (180) days from today's date. If I still desire to be considered for a position with the Springfield Airport Authority after this application expires, it will be my responsibility to complete a new application and file it with the Springfield Airport Authority when a position becomes available.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Applicant

This space may be used if necessary for further explanation of the previous questions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_