

APPLICATION FOR EMPLOYMENT

SPRINGFIELD AIRPORT AUTHORITY ABRAHAM LINCOLN CAPITAL AIRPORT

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

PLEASE PRINT OR TYPE

Date _____

Position Applied for _____

Name _____
Last First Middle Initial

Street Address _____

City _____ State _____ Zip _____

Social Security # x x x - x x - _____ Telephone # _____

Email Address _____

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 _____ Title _____

Leave Date _____ Title _____

Description of Duties _____

Supervisor's Name and Title _____ Phone # _____

Reason for Leaving _____ May we contact? Yes No

Firm Name _____ Kind of Business _____

Street Address _____ City _____ State _____

Start Date _____ Title _____

Leave Date _____ Title _____

Description of Duties _____

Supervisor's Name and Title _____ Phone # _____

Reason for Leaving _____ May we contact? Yes No

Firm Name _____ Kind of Business _____

Street Address _____ City _____ State _____

Start Date _____ Title _____

Leave Date _____ Title _____

Description of Duties _____

Supervisor's Name and Title _____ Phone # _____

Reason for Leaving _____ May we contact? Yes No

Firm Name _____ Kind of Business _____

Street Address _____ City _____ State _____

Start Date _____ Title _____

Leave Date _____ Title _____

Description of Duties _____

Supervisor's Name and Title _____ Phone # _____

Reason for Leaving _____ May we contact? Yes No

RECORD OF EDUCATION

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

How many years of experience do you have with:

MS Word _____ MS Excel _____ MS Access _____ MS PowerPoint _____ MS Outlook _____

Other software/programs: _____

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: _____

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 Are you at least 18 years of age? Yes No

Do you have a valid Illinois Driver's License? Yes No Class: _____

Have you ever been discharged from a job? Yes No If yes, explain in detail: _____

Have you ever been convicted of an offense against the law or forfeited collateral? Yes No
 (You may omit: (1) Traffic violations for which you paid a fine of \$150.00 or less, and (2) any offense committed before your 21st 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. Applicants are not required to disclose convictions lawfully sealed or expunged.
 If yes, explain in detail: _____

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:

