



**One Terminal Drive, Suite 300  
 Middletown, PA 17057  
 (717) 948-3900, Fax (717) 948-4640**

### EMPLOYMENT APPLICATION

Susquehanna Area Regional Airport Authority ("SARAA") is an Equal Opportunity employer and complies with all applicable Federal, State and local laws concerning discrimination in employment. No question in this Application is intended to elicit information in violation of any such law, nor will any information obtained in response to any question be used in violation of any such law. Please read this Application carefully and print your responses. You may submit a personal resume to accompany this Application; however, it is important for you to answer all questions and complete all sections of this Application. We will retain your completed Application in our active files for no less than ninety (90) days.

#### APPLICANT INFORMATION

Last Name	First	Middle	Date of Application
If any of your educational or employment records are under any name(s) other than that shown above, please provide the name(s) under which these records may be located:			
Street Address		Contact Phone	
City	State	Zip	( ) Have you reached your 18 <sup>th</sup> birthday?  <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously applied for employment with SARAA		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," please give date(s) and position:			
Since reaching age 18, have you been convicted of a crime which has not been annulled, expunged, or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please describe the conviction in full detail, including date(s), location(s) and the nature of the offenses(s)			
<p>*A conviction record will not automatically result in your disqualification from employment; convictions will be considered only to the extent they relate to the job for which you have applied. However, failure to disclose a conviction and/or mischaracterization of a conviction will automatically result in your ineligibility for employment and/or termination of employment (even if the conviction would not have barred your employment had it been properly disclosed).</p>			
Do you hold a driver's license: <input type="checkbox"/> Yes; _____ Number <input type="checkbox"/> No			
In the past five (5) years, has your driver's license been voluntarily withdrawn or revoked, suspended, reduced, limited, placed on probation or not renewed <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please describe in full detail the circumstances and outcome:			
Please identify any relatives or friends currently employed by SARAA, indicating job title			

### JOB INTEREST

Position applying for:

How did you learn about this employment opportunity?

Employment Status Desired (Check all that apply)

Full-Time  Part-Time

Available for overtime?

Yes  No

Are you employed now? If so, date available

Yes  No

Salary Wages desired :

### EDUCATION, TRAINING AND PROFESSIONAL LICENSURE/REGISTRY/CERTIFICATION

SARAA may verify with the sponsoring educational/training facility all information disclosed.

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Type of Diploma or Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate or Professional School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade Studied in Business School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Training in Specialty Areas	<u>Name and Address of Training Program/Type of Training</u>		<u>Name and Address of Training Program/Type of Training</u>		

Do you hold professional license?  Yes  No

If yes, please list below all states/jurisdictions in which you now hold or have held licenses as a professional:

Has your professional license ever been voluntarily withdrawn or have you ever been disciplined by or has your professional license ever been revoked, suspended, reduced, limited, placed on probation, not renewed, or subject to reprimand by a professional board or other regulatory agency?  
 Yes  No If "yes," please describe in full detail the circumstances and outcome:

Do you hold other professional registry/certification?  Yes  No If "yes," please provide information:

Describe any other education, training, skills or certificates you possess which are relevant to the position for which you have applied:

List all instructional methods/techniques, equipment and computer software applications with which you are proficient and which are relevant to the job for which you are applying:

### ADDITIONAL JOB-RELATED EXPERIENCE

Describe any other experiences (e.g., volunteer work), qualifications, skills or abilities which you possess in addition to those you have outlined above and which you consider important to the successful performance of the job for which you are applying.

## EMPLOYMENT RECORD

Starting with your current or most recent, list all employers for the past ten (10) years. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but you must also complete this Section and SARAA may verify all information disclosed.

1	Company Name of Current or Most Recent Previous Employer		Base Pay (annual) Start \$ _____ Last \$ _____	Type of Business
	Street Address		Other Compensation (Shift Premium, Bonus) \$ _____ per	Employed ____ Full-Time ____ Part-Time
	City, State and Zip		Company Telephone ( )	May We Contact? ____ Yes ____ No
	Date Hired	Date Separated	Name and Title of Immediate Supervisor	
	Reason for Leaving			
	State Current/Last Job Title and Describe Your Work:			
	Significant Job-Related Accomplishments:		Describe how these accomplishments benefited your employer:	

2	Company Name of Previous Employer		Base Pay (annual) Start \$ _____ Last \$ _____	Type of Business
	Street Address		Other Compensation (Shift Premium, Bonus) \$ _____ per	Employed ____ Full-Time ____ Part-Time
	City, State and Zip		Company Telephone ( )	May We Contact? ____ Yes ____ No
	Date Hired	Date Separated	Name and Title of Immediate Supervisor	
	Reason for Leaving			
	State Current/Last Job Title and Describe Your Work:			
	Significant Job-Related Accomplishments:		Describe how these accomplishments benefited your employer:	

3	Company Name of Current or Most Recent Previous Employer		Base Pay (annual) Start \$ _____ Last \$ _____	Type of Business
	Street Address		Other Compensation (Shift Premium, Bonus) \$ _____ per	Employed ____ Full-Time ____ Part-Time
	City, State and Zip		Company Telephone ( )	May We Contact? ____ Yes ____ No
	Date Hired	Date Separated	Name and Title of Immediate Supervisor	
	Reason for Leaving			
	State Current/Last Job Title and Describe Your Work:			
	Significant Job-Related Accomplishments:		Describe how these accomplishments benefited your employer:	

**PROFESSIONAL/PERSONAL REFERENCES**

List professional or personal reference not related to you (other than those persons listed previously) who can provide first-hand knowledge of your qualifications and abilities.

Name	Relationship to You	Occupation and Title	Phone No. (Include Area Code)	Years Known

**STATEMENT CONCERNING SCREENING FOR DRUG AND ALCOHOL ABUSE**

I understand that, if I am otherwise qualified for employment, SARAA may extend to me a conditional offer of employment and such offer will be contingent upon my successfully passing a substance abuse screening test. With regard to certain positions, the screening test for drugs and alcohol may be part of a more comprehensive health screening examination.

I also understand that I may not be hired if I test positive for alcohol or an illegal drug, refuse to provide a specimen on the date and time required, refuse to consent to testing on the date and time required or provide a false or tampered specimen.

I further understand that, if I become employed by SARAA, I will be subject to SARAA’s Drug and Alcohol Policy. Included among the provisions of the Drug and Alcohol Policy are requirements for drug and/or alcohol testing whenever SARAA has reason to believe that an individual may be under the influence of drugs and/or alcohol while on duty or on the premises of SARAA, following an accident, and as part of periodic testing of all SARAA employees conducted at SARAA’s discretion. Further, the refusal to provide a specimen on the date and time required may result in discharge and constitutes willful misconduct.

You may obtain additional information from SARAA’s Drug and Alcohol Policy or from a Human Resources Representative.

**APPLICANT’S CERTIFICATION**

*Please read carefully and, if you need clarification, ask questions before signing below.*

I certify that the answers given by me to the foregoing questions and the statements made by me in this Application are correct and complete. I understand that, if I become employed, any misrepresentation or omission of fact in this Application may result in my discharge from employment.

I authorize SARAA as part of its evaluation of my suitability for employment, to verify all education, training and professional licensure/certification/registry claimed by me and to secure from my previous employers and references information concerning my professional accomplishments, skills, character and ability. I further authorize SARAA to secure from the appropriate sources information concerning criminal convictions and agree to execute the written authorizations necessary for SARAA to obtain access to and copies of records pertaining to the aforementioned information. If I am hired, I agree to immediately notify SARAA if I am convicted of a felony or any crime involving theft or dishonesty and I further authorize the procurement of criminal record checks throughout my employment with SARAA. For these purposes, a photocopy of my signature which appears below shall serve in the same capacity as an original.

In compliance with the federal Immigration Reform and Control Act, I agree, if hired, to provide within three (3) business days from the date my employment begins, proof of my identity and eligibility for employment in the United States.

I understand that this Application is not a contract for employment and that, if I am employed, both SARAA and I each retain the right to terminate my employment for any or no reason with or without notice at any time. I also understand that no representative of SARAA other than its Executive Director or a duly authorized representative and then, only in writing, has the authority to enter into any agreement for employment for any specific time or to make any agreement contrary to the foregoing.

Applicant’s Signature

Date