



EMPLOYMENT APPLICATION

P.O. BOX 159
 1250 E. AIRPORT ROAD
 JACKSON, WY. 83001

Position Applied For	Type of Employment Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	Date
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Name of Applicant		
Last Name	First Name	Middle Name

Address (No., Street, City, State, Zip Code)

Date of Birth	Social Security Number	Telephone Number (Home)	Telephone Number (Business)
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Previous Address In the United States	E-Mail Address
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An offer of employment may be made contingent on the applicant passing a job-related physical examination.

Can you perform all of the job functions specified on the attached job description, with or without reasonable accommodation? YES NO

Can you perform all of the tests/demonstrations/interviews required in the hiring process, with or without reasonable accommodation? YES NO

Hire is subject to verification that applicant can show legal right to work in the United States. Can you submit verification as required on INS Form I-9? <input type="checkbox"/> YES <input type="checkbox"/> NO	For Security Screening positions, applicant must be a citizen of the United States. Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Hire is subject to verification that applicant meets legal age requirements. If hired, can you show proof of age? (Ex.: Driver's License; Birth Certificate; Passport) YES NO

Do you object to working rotating shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a valid driver's licence? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you object to working weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO	State:
Do you object to working holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO	License Number:

Hire may be subject to DOT drug and alcohol testing, including pre-employment drug testing. If hired for a position that requires drug and alcohol testing, will you submit to these tests? YES NO

Hire will be subject to employment history verification, and possibly a criminal history records check. Applicants subject to a criminal history records check will be notified prior to commencement of the criminal history records check.

Education

Secondary School attended and location.	Highest grade successfully completed.	Graduated? Yes / No
University/College attended and location.	No. of years completed	Graduated? Yes / No
		Degrees

Major subjects of specialization.

Scholarships

Other Educational Training/ Courses.

Office/ Secretarial Applications

TYPING: Years of Experience _____ Words Per Minute _____

Calculator: Years of Experience _____

COMPUTER: Macintosh or PC? _____ Years of Experience _____ Words Per Minute _____
 (List all software programs with which you are proficient.)

OTHER:

EMPLOYMENT HISTORY (List previous 10 years - present or most recent position first. Explain any gaps in employment of more than 12 months, during the previous 10 year period.)

1. Name of Employer	Address	No.	Street	City
Type of Business	Phone #		Your Position	
Duties				

Name and Position of Immediate Supervisor

Date Employed (Month, Day, Yr)	Date Left (Month, Day, Yr)	Starting Salary	Final Salary
Reason for leaving			

2. Name of Employer	Address	No.	Street	City
Type of Business	Phone #		Your Position	
Duties				

Name and Position of Immediate Supervisor

Date Employed (Month, Day, Yr)	Date Left (Month, Day, Yr)	Starting Salary	Final Salary
Reason for leaving			

3. Name of Employer	Address	No.	Street	City
Type of Business	Phone #		Your Position	
Duties				

Name and Position of Immediate Supervisor

Date Employed (Month, Day, Yr)	Date Left (Month, Day, Yr)	Starting Salary	Final Salary
Reason for leaving			

4. Name of Employer	No.	Street	City
Type of Business	Phone #		Your Position
Duties			

Name and Position of Immediate Supervisor

Date Employed (Month, Day, Yr)	Date Left (Month, Day, Yr)	Starting Salary	Final Salary
Reason for leaving			

PLEASE NOTE:

A resume may be attached to this application at the discretion of the candidate. Resumes should include the information requested above.

EMPLOYMENT HISTORY (List present or most recent positions first)

5. Name of Employer	Address	No.	Street	City
Type of Business	Phone #		Your Position	
Duties				
Name and Position of Immediate Supervisor				
Date Employed (Month, Day, Yr)	Date Left (Month, Day, Yr)		Starting Salary	Final Salary
Reason for leaving				

6. Name of Employer	Address	No.	Street	City
Type of Business	Phone #		Your Position	
Duties				
Name and Position of Immediate Supervisor				
Date Employed (Month, Day, Yr)	Date Left (Month, Day, Yr)		Starting Salary	Final Salary
Reason for leaving				

7. Name of Employer	Address	No.	Street	City
Type of Business	Phone #		Your Position	
Duties				
Name and Position of Immediate Supervisor				
Date Employed (Month, Day, Yr)	Date Left (Month, Day, Yr)		Starting Salary	Final Salary
Reason for leaving				

8. Name of Employer	Address	No.	Street	City
Type of Business	Phone #		Your Position	
Duties				
Name and Position of Immediate Supervisor				
Date Employed (Month, Day, Yr)	Date Left (Month, Day, Yr)		Starting Salary	Final Salary
Reason for leaving				

PLEASE NOTE:

A resume may be attached to this application at the discretion of the candidate.
Resumes should include the information requested above.

MAY WE ASK YOUR PRESENT EMPLOYER FOR A REFERENCE ?

YES

NO

HOW MANY HOURS OF SICK LEAVE HAVE YOU TAKEN IN THE PAST YEAR?

0-40

40-80

MORE THAN 80

HOW DID YOU HEAR ABOUT THIS JOB?

Newspaper

Radio

Job Service

Friend

Other

REFERENCES (Please do not list relatives or former employers)

Name	Occupation	Address	Phone Number

Military Service

Languages (spoken, written, read) Note fluency

Other interests or hobbies

Special talents

We appreciate your interest in seeking employment with us - please feel free to make any additional remarks in the space provided below or attach any additional information that would be helpful in evaluating your qualifications.

Additional Remarks

EMPLOYEES OF THE JACKSON HOLE AIRPORT BOARD ARE "EMPLOYED AT-WILL" AND CAN BE TERMINATED AT ANY TIME, FOR ANY REASON, OR NO REASON, AS LONG AS IT IS NOT DISCRIMINATORY.

Please Read Carefully

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in the application are correct.

If employed, I agree that all material created and produced whether in written, graphic or broadcasting form, all inventions new or changes in processes developed during my employment are the exclusive property of the company to use and/or sell and that subsequent to my employment with this company I will not disclose, use or reveal any confidential information related to the company without first obtaining written consent from an officer of the company.

I hereby apply for employment upon the basis and understanding that such employment may be terminated at any time upon notice given to me personally or sent to my last known address.

I consent to _____ obtaining such personal and job-related information as required in connection with this application for employment

Date

Signature of applicant

INVITATION TO SELF-IDENTIFY UNDER THE VEVRAA (1974), VEOA (1998), VBHCIA (2000), JOBS FOR VETERANS ACT (2002) AND REHABILITATION ACTS

We invite individuals to complete this form after an employment offer is made.

This organization is subject to section 503 of the Rehabilitation Act of 1973 and the Vietnam Era Veteran's Assistance Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities, special disabled veterans, Vietnam veterans and all other eligible veterans. If you have a disability or are a veteran as defined below and would like to be considered under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit about your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act may be informed. The information provided would be used only in ways that are consistent with section 503 of the Rehabilitation Act and the Vietnam Era Veteran's Readjustment Act of 1974.

PLEASE PRINT

Name _____ Date _____
Last First Middle

Job Title Hired for (*list only one*) _____

Signature _____

Vietnam Era Veteran

1. Are you a person who served on active duty for a period of more than 180 days any part of which occurred between 8/5/64 and 5/7/75 or active duty occurred in the Republic of Vietnam between 2/28/61 and 5/7/75 and was discharged or released therefrom with other than a dishonorable discharge or a service connected disability?

_____ Yes _____ No

Other Protected Veteran

2. Are you a person who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than special disabled veterans or veterans of the Vietnam era ?

_____ Yes _____ No

See other side of page

Recently Separated Veteran

3. Are you a Veteran recently separated from service in the last 3 years (but not prior to November 2000)?

_____ Yes _____ No

_____ Date of Separation

Special Disabled Veteran

4. Are you a Veteran entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or rated at 10% or 20% in the case of a veteran who has been determined to have a serious employment disability, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty?

_____ Yes _____ No

Disabled (Mental or Physical Disability)

5. Are you a person who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such impairment?

_____ Yes _____ No

6. **If you are a special disabled veteran or an individual with a disability**, we would like to include you under the affirmative action program. It would assist us if you tell us about (i) any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and (ii) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodations.

