

WESTERN NEBRASKA REGIONAL AIRPORT
250023 AIRPORT TERMINAL ST., SUITE 10
SCOTTSBLUFF, NEBRASKA 69361

We consider applications 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.

APPLICATION FOR EMPLOYMENT

Please Print

Position Applied for: _____ Date: _____

How did you learn about us?

Advertisement Friend Walk-In
 Employment Agency Relative Other _____

Last Name _____ First Name _____ Middle _____

Address _____ City _____ NE _____ Zip _____

Telephone Number(s) _____

If you are 18 years of age, can you provide required
Proof of your eligibility to work? yes no

Have you ever filed an application with us before?
If yes, give date: _____

Have you ever been employed with us before?
If yes, give date: _____

Are you currently employed? yes no

May we contact your present employer? yes no

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: Full time Part time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? yes no

Can you travel if a job requires it? yes no

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

If yes, please explain: _____

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EDUCATION

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary				
High School				
Undergraduate College				
Graduate Professional				
Other/Specify				

Indicate any foreign language you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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

Describe any job-related training received in the United States Military

Any other Pertinent information

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Please List Type of Office Machines that you have operated.

Please List Brands of Software that you have operated.

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EMPLOYMENT EXPERIENCE

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

Employer		Dates Employed From: To:	Work Performed
Address			
Telephone Number			
Job Title	Supervisor	From To	
Reason for Leaving			
Employer		Dates Employed From: To:	Work Performed
Address			
Telephone Number			
Job Title	Supervisor	From To	
Reason for Leaving			
Employer		Dates Employed From: To:	Work Performed
Address			
Telephone Number			
Job Title	Supervisor	From To	
Reason for Leaving			

If you need additional space, 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.

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Applicant's Statement

I certify that answers given are true and complete to the best of my knowledge.

I authorize 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 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 Employer may discharge 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 this organization.

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 employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange for Interview

Yes No

Interviewer

Date

Employed Yes No

Date of Employment: _____

Job Title: _____

Hourly/Salary: _____ Start Date: _____

Department: _____

Supervisor: _____

H/R: _____

Airport Director

Date

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References

1. _____ (_____) _____
(Name) (Phone)

(Address)

2. _____ (_____) _____
(Name) (Phone)

(Address)

3. _____ (_____) _____
(Name) (Phone)

(Address)