

## APPLICATION FOR EMPLOYMENT

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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.

PLEASE PRINT

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

How did you learn about us: Advertisement  Friend  Walk-In   
Employment Agency  Relative  Other \_\_\_\_\_

Name Last First Middle Telephone

Address \_\_\_\_\_

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, When, \_\_\_\_\_ \_\_\_ yes \_\_\_ no

Have you ever been employed with us before? If yes, When, \_\_\_\_\_ \_\_\_ yes \_\_\_ no

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) \_\_\_ yes \_\_\_ no

On what date would you be available to start 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 within the last ten years? \_\_\_ yes \_\_\_ no

Conviction will not necessarily disqualify an applicant from employment

If yes, please explain: \_\_\_\_\_

Do you understand the job description? \_\_\_ yes \_\_\_ no

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

**EDUCATION**

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

Indicate any foreign languages 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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## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military 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:	Work Performed:
	From To	
Address:		
Telephone Number:		
Job Title:		
Supervisor:		

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

Employer:	Dates Employed:	Work Performed:
	From To	
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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)

**Western Nebraska Regional Airport  
Secure Area Access  
Identification Badge Application**

**APPLICANT INFORMATION (Please Print or Type)**

Last Name	First Name	Middle Name	
Please List All Aliases and/or Nickname			Telephone Number
Residential Address (Including Street Number, Unit Number, City, State, and Zip)			
Social Security Number	Driver's License/ID Number	Date of Birth	Place of Birth
Citizenship	FBI Number (If Known)	Ethnic Origin	Hair Color
Eye Color	Height	Weight	Sex
Employer		Position	

**TERMS AND CONDITIONS**

1. Badge remains the sole property of Western Nebraska Regional Airport.
2. Badge shall be immediately returned to Airport Operations upon demand and/or upon termination of need of access to the area(s) authorized.
3. Badge is non-transferable.
4. Badge is for use by authorized personnel only.
5. Badge holder agrees to abide by all applicable federal, state, and city laws, rules and regulations while in authorized area(s) and to conduct their activities in a safe manner consistent with procedures outlined in the Airport Security Program and/or Airport Certification Manual.
6. Badge holder agrees to display the badge on his person at all times while in the restricted area.
7. No person shall knowingly or willfully allow unauthorized persons access to non-public restricted areas by use of the airport identification badge.
8. If a badge is lost or stolen, the holder shall immediately notify Airport Operations.

**VIOLATIONS OF AIRPORT IDENTIFICATION BADGE TERMS AND CONDITIONS MAY RESULT IN IMMEDIATE REVOCATION OF THE IDENTIFICATION BADGE AND ACCESS PRIVILEGES.**

**APPLICANT ACKNOWLEDGMENT**

**I have read and understand the above conditions and will abide by all airport rules and regulations.**

Applicant Signature

**Western Nebraska Regional Airport  
Secure Area Access  
Identification Badge Application**

**MANDATORY CRIMINAL QUESTIONNAIRE (“Yes” or “No” must be checked for each entry listed.)**

You are subject to a fingerprint-based Criminal Records History Check (CHRC). Within the past ten years, have you been convicted or found guilty by reason of insanity of any of the following offenses?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Forgery of certificates, false markings of aircraft, and other aircraft registration violations 49 U.S.C. 46306	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aircraft piracy 49 U.S.C. 46502
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interference with air navigation 49 U.S.C. 46380	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Murder
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Improper transportation of a hazardous material 49 U.S.C. 46312	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Assault with intent to murder
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unlawful possession, use, sale or distribution or manufacture of an explosive or weapon	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Espionage
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interference with flight crew members or flight attendants 49 U.S.C. 46504	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sedition
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commission of certain crimes aboard an aircraft or flight 49 U.S.C. 46506	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Kidnaping or hostage taking
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Carrying a weapon or explosive aboard an aircraft 49 U.S.C. 46505	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Treason
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Conveying false information and threats 49 U.S.C. 46507	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rape or aggravated sexual abuse
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aircraft piracy outside the special jurisdiction of the United States 49 U.S.C. 46502(b)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Extortion
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lighting violations involving transporting controlled substances 49 U.S.C. 46315	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Violence at International Airports
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Destruction of an aircraft facility 18-U.S.C. 32	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Distribution of, or intent to distribute, a controlled substance
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements 49 U.S.C. 46314	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Armed or felony unarmed robbery
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony arson	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving dishonesty, fraud, or misrepresentation
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving a threat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving possession of stolen property
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving willful destruction of property	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving aggravated assault
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving importation or manufacture of a controlled substance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving bribery
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving burglary	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving theft
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Conspiracy or attempt to commit any of the aforementioned criminal acts

The information I have provided in this application is true, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and wilful false statement on this application can be punishable by fine or imprisonment or both. (See section 1001 of Title 18 United States Code). By signing this application, I am stating that I have not been convicted or found guilty by reason of insanity, of any of the disqualifying crimes listed above (49 CFR 1542.209 (d)). Furthermore, Federal regulations under 49 CFR 1542.209 (l) impose a continuing obligation to disclose to the airport operator within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority.

Applicant Name (Please Print)

Applicant Signature

Date

A copy of the criminal record received from the FBI will be provided to the individual, if requested by the individual in writing. Questions regarding the fingerprinting process or correspondence may be directed to Darwin Skelton, Airport Security Coordinator.



**Western Nebraska Regional Airport**  
**Secure Area Access**  
***Identification Badge Application***

**AUTHORIZED SIGNER INFORMATION**

I hereby certify that the aforementioned individual is approved to be processed to receive a badge. I understand that the applicant must submit to a fingerprint based "Criminal History Records Check" (CHRC) and must be cleared to receive the ID badge. For a NON-SIDA badge, the aforementioned individual has satisfactorily undergone a review and verification covering the past five (5) years of employment history preceding the date the access investigation is initiated in accordance with all applicable provisions of 49 CFR 1542.209 and 49 CFR 1544.229. My signature below also certifies that the information contained on this application is true and correct to the best of my knowledge.

\_\_\_\_\_

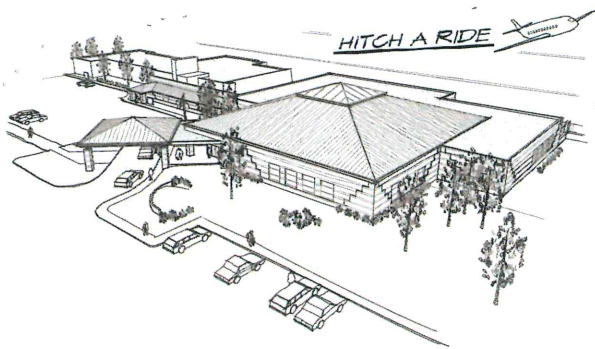
**Authorized Signer's Name (Please Print)**

\_\_\_\_\_

**Authorized Signature**

\_\_\_\_\_

**Date**



**WESTERN NEBRASKA REGIONAL AIRPORT**

250023 AIRPORT TERMINAL STREET, STE 10  
SCOTTSBLUFF, NE 69361-7627

OFFICE: 308-635-4941  
866-635-4941

FAX: 308-632-7361  
[www.flyscottsbuff.com](http://www.flyscottsbuff.com)

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**REQUEST FOR TEN YEAR CRIMINAL BACKGROUND  
SEARCH AND DMV RECORDS**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

I hereby give my permission to release the above information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date