



APPLICATION FOR EMPLOYMENT

NOTE: It is most important that you fill out this application completely. Incomplete forms will not be accepted for employment. A resume or reference letters are welcome, but cannot be substituted for a completed application form.

CHARLOTTE COUNTY AIRPORT AUTHORITY AIRPORT AND COMMERCE PARK

28000 Airport Rd, Punta Gorda, FL 33982
Office (941) 639-1101 Fax (941) 639-4792
An Affirmative Action/Equal Opportunity Employer

PERSONAL DATA

Date:
Name: Last First Middle
Address: Street Apt.# City State Zip
Home Phone Business/Message Phone Email Address

Have you ever been employed anywhere under any other name(s)? Yes No If yes, please list name(s)
Does the Charlotte County Airport Authority employ any relative (by blood or marriage) or cohabitant of yours? If yes, give name, relationship, and department where they work:
Have you previously worked for the Airport Authority?
If so, when and in what capacity?

AREAS OF EMPLOYMENT INTEREST

I hereby make application for employment with the Charlotte County Airport Authority for the position(s) of:

Citizenship YES NO If you are not a U.S. Citizen, YES NO do you have a work visa?

TRAINING AND EDUCATION

Depending on the position sought, you may be required to provide a copy of your high school or college transcript/degree and or professional registration.

Please circle highest grade completed. Give dates of attendance, credit hours completed, type of degree and major/minor. Be sure to answer "HAVE YOU GRADUATED?" List all technical and/or trade courses or programs you have completed.

Have you graduated from high school, or will you within the next nine months? Yes/No Month/Year

Circle highest grade completed. 8 9 10 11 12 13 14 15 16 17 18

Name and location (city/state) of last high school attended:

Vocational trade, armed forces, business schools, or other relevant training:

Kind

Conducted by

Date completed

Undergraduate/Graduate Training: Transcripts, certificates or degrees are helpful					
Name and location of college or university		Dates Attended		Credits/Years Completed	
Undergraduate college subjects	No. of credits compl.		Graduate college studies	No. of credits compl.	
	Semester Hours	Quarter Hours		Semester Hours	Quarter Hours
MAJOR:					
MINOR:					

Please list all education training you believe qualifies you for the position you are seeking. Education and training are considered only to the extent they are related to the job for which you are being considered.

List the equipment you can operate and years of experience:	Special License or Certificate:	Secretarial Skills:
Personal computer _____ Construction equipment _____ Other _____	Kind _____ Issued by _____ Date issued _____ Expiration date _____	Typing WPM _____ Shorthand _____

PREVIOUS EMPLOYMENT

Please give complete name and address of all employers including military employment. Dates of employment, salary history, and name and phone number of immediate supervisor must be included. Describe major duties performed, and types of machines or equipment used. A resume may be attached as a supplement; however, you must complete all information requested on the application

Begin with your current or most recent employer and list all previous employers in chronological order. Also account for all periods of unemployment.

DO YOU HAVE ANY OBJECTION TO OUR CONTACTING YOUR PRESENT EMPLOYER? _____ YES _____ NO

EMPLOYER _____ DATES OF EMPLOYEMENT From _____ to _____
Month/Year Month/Year

ADDRESS _____
Street City State Zip Area Code/Phone

POSITION HELD _____ KIND OF BUSINESS _____
Supervisor _____ Reason for Leaving _____

Description of Duties: _____

SALARY OR EARNINGS	
Starting: _____	per _____
Ending: _____	per _____

EMPLOYER _____ DATES OF EMPLOYEMENT From _____ to _____
Month/Year Month/Year

ADDRESS _____
Street City State Zip Area Code/Phone

POSITION HELD _____ KIND OF BUSINESS _____
Supervisor _____ Reason for Leaving _____

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ADDRESS _____
 Street City State Zip Area Code/Phone

POSITION HELD _____ KIND OF BUSINESS _____
 Supervisor _____ Reason for Leaving _____

Description of Duties: _____

SALARY OR EARNINGS	
Starting: _____	per _____
Ending: _____	per _____

REFERENCES

List two persons not related to you who have knowledge of your character:

1. _____
 Name Address (Street, City, State & Zip) Area Code/Phone

2. _____
 Name Address (Street, City, State & Zip) Area Code/Phone

REFERRAL SOURCE: (Check one)

- | | | | |
|---------------------------------------|--|--|----------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> College Recruitment | <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Website | <input type="checkbox"/> Job Service of FL | <input type="checkbox"/> Journal | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Trade School | <input type="checkbox"/> High School Recruit | <input type="checkbox"/> Prof. Org./Assoc. | <input type="checkbox"/> Other |
| <input type="checkbox"/> Agency | <input type="checkbox"/> Job Posting | <input type="checkbox"/> Job Line | |

GENERAL INFORMATION

A prior record of conviction(s) will not necessarily disqualify you from employment. Each case is considered individually. Withholding or falsifying information may result in termination if hired

Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? You may omit parking violations and any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a Youth Offense law _____ **YES** **NO**

If you answered "YES", explain _____

While in the military service, were you ever convicted by general court-martial? _____

If you answered "YES", explain _____

Do you possess a current, valid Florida driver's license? _____

If "NO" state reason _____

Florida Operator's License # _____ Expiration Date _____

Florida Commercial Driver's License # _____ Expiration Date _____

If the position you are applying for requires the operation of Airport Authority vehicles or equipment, you must answer accurately the following questions. If you are not sure of your answer, check the block marked "Don't Know". Those applications with answers checked "Don't Know" will not be processed until such time as a copy of the applicant's driving record has been obtained from the State in which they are licensed.

Have you been cited for any violations in which points were assessed against your license in the past three years? _____ **YES** **NO** **DON'T KNOW**

If "YES", how many violations? _____ and how many points? _____

Has your Florida driver's license been suspended or revoked in the past three years? _____

If "YES" for what violations? _____

and for what period of time? _____

If your position requires the operation of Airport Authority vehicles or equipment, your driving record will be checked with the Florida Department of Motor Vehicles.

VETERAN'S PREFERENCE

Check the appropriate block if you are claiming veteran's preference. Documentation substantiating your claim must be furnished at the time of application.

- 1. A veteran with service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense, or
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
- 3. A veteran of any war* who has served on active duty for at least 1 day or more and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. The un-remarried widow or widower of a veteran who died of a service connected disability.

_____ **BRANCH OF SERVICE** _____ **DATE OF ENTRY** _____ **DATE OF DISCHARGE**
Have you claimed and been employed using veterans' preference since October 1, 1987? **YES** _____ **NO** _____

If "YES" _____
Name of Employer

*As defined by Florida Law

NOTE: Under Florida Law, preference in appointment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Department of Veterans affairs, P.O. Box 1437 St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filled with the employer if no notice is given.

**ATTENTION—THIS STATEMENT MUST BE SIGNED
READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING**

- 1. Be advised that the Florida State Supreme Court has ruled that all information supplied while making application for employment will all state, county, and municipal entities and agencies becomes a part of Public Record under provisions of Chapter 119 of Florida Statutes, and as such must be made available to interested parties upon specific request.
- 2. Charlotte County Airport Authority has my authorization to thoroughly investigate my work, medical and personal history that is job-related. I will hold no person, corporation, or organization liable for giving or receiving information in this investigation.
- 3. I agree to submit to a medical examination and drug/alcohol test as required.
- 4. All information you provide will be considered in reviewing your application, and a false answer to any question may be grounds for not employing you, or for dismissing you after you being work. All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. By my signature, I hereby authorize Charlotte County Airport Authority to obtain college transcripts, and/or employment references from my former employers. I CERTIFY that all statements on this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

CERTIFICATION SIGNATURE (Sign in INK)

DATE SIGNED
