DICKINSON MUNICIPAL AIRPORT AUTHORITY

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Dickinson Theodore Roosevelt REGIONAL AIRPORT

APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City			State			ZIP						
Phone			E-mail Address									
Date Available												
Position Applied for												
Are you at least 18 years of age	YES ☐	NO ☐	Are you currently employed	YES ☐	NO ☐							
Are you a citizen of the United States?	YES ☐	NO ☐	If no, are you authorized to work in the U.S.?	YES ☐	NO ☐							
Are you related to any employee of the Airport Authority	YES ☐	NO ☐	If so, whom?									
Have you ever worked for this company?	YES ☐	NO ☐	If so, when?									
Have you ever been convicted of a felony?	YES ☐	NO ☐	If yes, explain									

EDUCATION												
High School					City and State							
From		To		Did you graduate?	YES ☐	NO ☐	Degree					
College					City and State							
From		To		Did you graduate?	YES ☐	NO ☐	Degree					
Technical or Certificate					City and State							
From		To		Did you graduate?	YES ☐	NO ☐	Degree					

Please list any other education, training or specialized skills you have that may be applicable to you consideration as an applicant:

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What trade/professional licenses or certificates do you hold?

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REFERENCES			
Please list three professional references.			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary $	Ending Salary $	
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES ☐ NO ☐			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary $	Ending Salary $	
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES ☐ NO ☐			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary $	Ending Salary $	
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES ☐ NO ☐			

DRIVER'S LICENSE INFORMATION			
Driver License Number		Issuing state:	
Class	Endorsements	Expiration Date:	
Have you ever been denied a license, permit or privilege to operate a motor vehicle	YES ☐	NO ☐	
Has any license, permit or privilege ever been suspended or revoked	YES ☐	NO ☐	

MILITARY SERVICE		
Do you claim Veteran's Preference	NO ☐	YES ☐ - Must Attach DD-214, Report of Separation
Do you claim Disabled Veteran's Preference	NO ☐	YES ☐ -Must attach DD-214, Report of Separation, and a letter less than 1 yr. old from US Dept of Veteran's Affairs indicating disability
Veteran Eligibility: You must be a North Dakota Resident and have served in the active military forces during a period of war or received the armed forces expeditionary or other campaign medal during an emergency condition must have been release under other than dishonorable conditions. See N.D.C.C 37-191		

ADDITIONAL INFORMATION

Please provide any additional information you feel may be helpful in considering your application:_____

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DISCLAIMER AND SIGNATURE

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the DICKINSON MUNICIPAL AIRPORT AUTHORITY that such employment with the DICKINSON MUNICIPAL AIRPORT AUTHORITY is at will, for no specified duration and may be terminated by either the DICKINSON MUNICIPAL AIRPORT AUTHORITY or by myself at any time, with or without cause and if terminated the DICKINSON MUNICIPAL AIRPORT AUTHORITY is liable only for wages and salary and benefits earned as of the date of termination. I understand that none of the documents, policies, procedures, actions, statements of the DICKINSON MUNICIPAL AIRPORT AUTHORITY or its representatives used during the employment process is deemed a contract of employment, real or implied. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct. In consideration for employment with the DICKINSON MUNICIPAL AIRPORT AUHTORITY , if employed, I agree to conform to the rules, regulations, policies and procedures of the DICKINSON MUNICIPAL AIRPORT AUTHORITY at all times and understand that such obedience is a condition of employment.

I understand that an offer for a position with the DICKINSON MUNICIPAL AIRPORT AUTHORITY is conditional and I may be required to submit to a pre-employment medical examination, drug/alcohol screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize the DICKINSON MUNICIPAL AIRPORT AUTHORITY to investigate all statements made as a part of this application and to secure any necessary information from all prior employers, references, academic institutions, law enforcement agencies, other persons and entities, and public records. I hereby release all such persons, entities, employers, references, institutions, agencies and the DICKINSON MUNICIPAL AIRPORT AUTHORITY from any and all liability arising from their giving or receiving information about my employment history, academic credentials, qualifications, reputation, driving record, and criminal record. A photocopy of this release may be used for all purposes.

Signature		Date	