

Gainesville - Alachua County Regional Airport Authority (GACRAA)

EMPLOYMENT APPLICATION

An Affirmative Action / Equal Opportunity
Drug Free Workplace Employer



3880 NE 39th Avenue, Suite A
Gainesville, FL 32609
Phone: 352-373-0249
Fax: 352-374-8368

POSITION APPLIED FOR
DATE _____
POSITION TITLE _____

EMPLOYMENT POLICY

Applications are accepted only for positions currently under active recruitment and must include Social Security Number in order to be processed. A separate application is required for each position for which you apply. Incomplete or illegible applications will not be processed. Due to the volume of applications received, we are not able to respond to each applicant. If you are selected to continue in the selection process for a position, you will be contacted by telephone or mail.

Are you a current GACRAA Employee? YES NO

Former GACRAA Employee? YES NO

READ THIS BEFORE COMPLETING APPLICATION
<ul style="list-style-type: none"> ▪ To apply for a vacancy, you must complete a Gainesville - Alachua County Regional Airport Authority (GACRAA) employment application in full and answer all questions completely and accurately. ▪ If an item does not apply to you, write N/A (not applicable). ▪ This application will be used as a screening tool for determining qualifications in the hiring process. You should apply only for those jobs which match your education and experience and salary expectations. ▪ Under Florida Law, information provided, with the exception of medical, will become public record upon receipt by GACRAA. Therefore, applications requesting confidentiality will be rejected. ▪ Any misstatements or omissions of material fact, herein on the employment application and/or any required supplemental information will cause an offer of employment made by GACRAA to be withdrawn or the employment with GACRAA terminated. ▪ Failure to complete application in a legible manner or failure to sign will result in immediate rejection.

HOW CAN WE CONTACT YOU?
LAST NAME _____
FIRST NAME _____ MIDDLE NAME _____
MAIDEN NAME/OTHER NAME(S) USED _____
E-MAIL _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE # _____ ALTERNATE PHONE # _____
DRIVER'S LICENSE NUMBER _____ STATE _____
CLASS _____ EXPIRATION DATE _____

EDUCATION

SCHOOLS	SEMESTER HOURS	TYPE OF DEGREE	COURSE OF STUDY
High School / GED			
College / University			
Other			

EMPLOYMENT HISTORY

Starting with your current or last job, list your last four (4) employers, if applicable. If your last four employers do not cover a period of ten (10) years, list previous employers, self-employment, military service, and volunteer work to account for ten (10) years of employment. List any other jobs that are outside this ten (10) year period that are relevant to the position for which you are applying. All relevant employment history must be provided. *(Leave no blank spaces.)*

May we contact your current employer? YES NO *(Note: Past employers may be contacted to verify work history.)*

If you are currently unemployed, please provide dates: _____

Reason: _____
(If medical, do not give specific reasons.)

Present or Last Employer	Employer Name	Starting Date	Ending Date	
	Job Title	Hours/Week	Ending Salary	
	Address	City	State	Zip
	Supervisor's Name and Title	Phone Number	Fax Number	
	Reason for Leaving			
	Describe Duties and Responsibilities			

If you were unemployed between these jobs provide dates: _____

Reason: _____
(If medical, do not give specific reasons.)

Next Previous Employer	Employer Name	Starting Date	Ending Date	
	Job Title	Hours/Week	Ending Salary	
	Address	City	State	Zip
	Supervisor's Name and Title	Phone Number	Fax Number	
	Reason for Leaving			
	Describe Duties and Responsibilities			

If you were unemployed between these jobs provide dates: _____

Reason: _____
(If medical, do not give specific reasons.)

Next Previous Employer	Employer Name	Starting Date	Ending Date	
	Job Title	Hours/Week	Ending Salary	
	Address	City	State	Zip
	Supervisor's Name and Title	Phone Number	Fax Number	
	Reason for Leaving			
	Describe Duties and Responsibilities			

If you were unemployed between these jobs provide dates: _____

Reason: _____
 (If medical, do not give specific reasons.)

Next Previous Employer	Employer Name	Starting Date	Ending Date	
	Job Title	Hours/Week	Ending Salary	
	Address	City	State	Zip
	Supervisor's Name and Title	Phone Number	Fax Number	
	Reason for Leaving			
	Describe Duties and Responsibilities			

If you have any additional employment history, please obtain an Employment History Supplement form from the Human Resources Department

COMPUTER SKILLS

Circle items in which you are proficient: (Testing may be required depending on the position.)

Word Processor: Word Word Perfect Other: _____

Spreadsheet: Excel Lotus 1-2-3 Other: _____

Other Computer Software: (Please list)

ADDITIONAL INFORMATION

Provide any additional information relevant to the position. (i.e. Professional Certification, License, Accreditation or Affiliation)

CONVICTIONS

Answering "yes" to the following question does not necessarily disqualify an applicant from employment; however, misstatements or omissions of material fact will cause an offer of employment made by GACRAA to be withdrawn, or employment with GACRAA to be terminated. **Have you ever been convicted or found guilty by a jury or court of a misdemeanor or a felony, which includes pleading guilty or nolo contendere, regardless of whether or not adjudication is withheld or have you received probation or made restitution?** YES NO If yes, please describe. _____

VETERANS' PREFERENCE

Yes No Have you served in any U.S. Military Service? If yes, list branch, rank attained, dates of enlistment, and nature of discharge.

Branch: _____ Date entered: _____ Date Discharged: _____

Rank: _____ Type of Discharge: _____

Yes No Are you claiming Veterans' Preference? If yes, you must complete the Veterans' Preference section on this page of this application and submit the required documentation (**page 2 or 4 of DD214**). Veterans' Preference is for non-managerial positions only.

Information regarding Veterans' Preference documentation can be obtained from the GACRAA Human Resources Department. If you are claiming Veterans' Preference you must attach a copy of page 2 or 4 of your DD214 to be granted this consideration. The burden is on the applicant to provide all pertinent information. (**Note: Under Florida law, preference in initial appointment shall be given, by the State and its political subdivisions, first to those persons included in 1 and 2 below, and secondly to those persons included in 3 and 4 below. If any applicant claiming Veterans' Preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veterans' Affairs, PO Box 1437, St. Petersburg, FL 33731. A complaint must be filed within 21 days after notice of hiring decision. If notice of hiring decision is not given, a complaint may be filed at any time.**)

Check the appropriate number if you are claiming Veterans' Preference:

- 1. A veteran with a compensable service-connected disability who is eligible for receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans' 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 as defined by State of Florida Statute 1.01 (14)
- 4. The unremarried widow or widower of a veteran who died of a service-connected disability.

READ AND INITIAL THE FOLLOWING STATEMENTS BEFORE SIGNING YOUR APPLICATION

I hereby certify that all statements made on this application are true and complete to the best of my knowledge and belief. Material misstatements or omissions and falsifications will be grounds for disqualification or termination of employment with the Gainesville - Alachua County Regional Airport Authority (GACRAA). _____ Initials

I understand that during the selection process, I may be required to complete a background data packet. I hereby authorize the Gainesville - Alachua County Regional Airport Authority and its agents to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to conduct a thorough investigation of my character, reputation, past employment, medical history, criminal record, and driving record. I understand that my driving practices and conviction record, if any, will be considered to the extent relevant to the position sought. Accordingly, I authorize and direct those parties having knowledge of my past (including financial and credit records) to cooperate in this procedure by releasing information as requested. I direct former employers to furnish the necessary information concerning my employment with their organization, and I hereby release them from any and all liability for damages for providing such information, including, but not limited to, any liability for defamation or invasion of privacy. Failure to complete a background data packet will result in immediate rejection. _____ Initials

I understand that this investigation will be conducted prior to my being given a job offer or prior to the completion of my probationary period. _____ Initials

I acknowledge and I hereby waive any rights or claims I may have, whether presently fully developed or not, against the Gainesville - Alachua County Regional Airport Authority or its agents or employees arising out of or resulting from, the release, authorized or unauthorized, of the information received pursuant to or in connection with GACRAA's handling, processing or investigation of my application for employment with GACRAA. _____ Initials

I understand that the Gainesville - Alachua County Regional Airport Authority only hires U.S. Citizens and lawfully authorized alien workers. Identification and proof of citizenship or authorization will be required if conditional job offer is made. _____ Initials

Applicant's signature _____ Date _____

Note: Applications must be initialed, signed and dated. Unsigned applications will not be processed.

EMPLOYMENT HISTORY SUPPLEMENT FORM

If your last four employers do not cover a period of ten (10) years, list previous employers, self-employment, military service, and volunteer work to account for ten (10) years of employment. List any other jobs that are outside this ten (10) year period that are relevant to the position for which you are applying. All relevant employment history must be provided.

NAME: _____

Attach this form to your Employment Application.

Next Previous Employer	Employer Name	Starting Date	Ending Date	
	Job Title	Hours/Week	Ending Salary	
	Address	City	State	Zip
	Supervisor's Name and Title	Phone Number	Fax Number	
	Reason for Leaving			
	Describe Duties and Responsibilities			

If you were unemployed between these jobs provide dates: _____

Reason: _____
(If medical, do not give specific reasons.)

Next Previous Employer	Employer Name	Starting Date	Ending Date	
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