

BZN Bozeman Yellowstone INTERNATIONAL AIRPORT

GALLATIN AIRPORT AUTHORITY
850 GALLATIN FIELD ROAD, SUITE 6 * BELGRADE, MT 59714 * 406-388-6632

APPLICATION FOR EMPLOYMENT
(PLEASE PRINT OR TYPE IN BLACK INK)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, RELIGION, GENDER, NATIONAL ORIGIN, AGE, VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED PHYSICAL OR MENTAL CONDITION, HANDICAP, OR DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. IF YOU REQUIRE ACCOMMODATION OR ASSISTANCE IN COMPLETING THIS APPLICATION OR IN ANY STAGE OF THE EMPLOYMENT PROCESS, PLEASE LET US KNOW.

APPLICATION FOR: _____

ADVERTISEMENT PERIOD: _____

PERSONAL

NAME _____

(LAST)

(FIRST)

(MIDDLE)

ADDRESS _____

(STREET ADDRESS)

(CITY)

(STATE)

(ZIP)

PHONE #(_____) _____ ALTERNATE PHONE #(_____) _____

EMAIL _____

When will you be available to begin if selected for the position? _____

Are you available to work shifts? Yes ___ No ___

Are you authorized to work in the U.S. on an unrestricted basis? Yes ___ No ___

(Proof of citizenship or immigration status will be required upon employment)

Have you ever been employed with the Gallatin Airport Authority before? Yes ___ No ___

If yes, give dates _____

Have you ever been convicted of a crime other than minor traffic violations? Yes ___ No ___

If yes, state nature of offense, when, where and disposition _____

(A conviction will not necessarily disqualify an applicant from employment)

Do you have any relatives presently employed by the Gallatin Airport Authority? Yes ___ No ___

If yes, list names and relationship _____

Employment with the Gallatin Airport Authority is contingent upon the ability to be granted and maintain an ID/secure media badge as regulated by the TSA and a valid driver's license. A comprehensive pre-employment background check will include an education/experience investigation and a fingerprint-based criminal history record check.

NAME: _____

EDUCATION & TRAINING

HIGH SCHOOL	COLLEGE/TECHNICAL/BUSINESS	GRADUATE SCHOOL
SCHOOL NAME & LOCATION _____		
YEARS COMPLETED (CIRCLE) 9 10 11 12	1 2 3 4	1 2 3 4 5
DIPLOMA/DEGREE (VERIFICATION OF EDUCATION REQUIRED) _____		
DESCRIBE COURSE (S) OF STUDY _____ _____		
DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIPS, SKILLS, EXTRA-CURRICULAR ACTIVITES, FOREIGN LANGUAGES _____ _____ _____		

EMPLOYMENT EXPERIENCE Start with your present or last job. If unemployed, start with your immediate past employment. Be specific and complete. Include military service assignments and volunteer activities. Any military service must be documented by providing a DD214 along with this application. Exclude organizational names that indicate race, color, religion, gender, national origin, disabilities or other protected status. Explain any gaps between employment. Failure to explain any gaps in employment will be justification for your disqualification from the selection process. Use additional sheets if necessary.

YOUR JOB TITLE _____	TELEPHONE # (_____) _____
COMPANY NAME _____	EMPLOYED (INDICATE MONTH, DAY AND YEAR)
ADDRESS _____ _____	FROM _____ TO _____
NAME OF SUPERVISOR _____	ANNUAL SALARY
DESCRIBE YOUR DUTIES _____ _____ _____	START _____ LAST _____
	REASON FOR LEAVING _____
	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
	IF NO, PLEASE EXPLAIN _____
FULL TIME _____ PART TIME _____	
<hr/>	
YOUR JOB TITLE _____	TELEPHONE # (_____) _____
COMPANY NAME _____	EMPLOYED (INDICATE MONTH, DAY AND YEAR)
ADDRESS _____ _____	FROM _____ TO _____
NAME OF SUPERVISOR _____	ANNUAL SALARY
DESCRIBE YOUR DUTIES _____ _____ _____	START _____ LAST _____
	REASON FOR LEAVING _____
	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
	IF NO, PLEASE EXPLAIN _____
FULL TIME _____ PART TIME _____	

NAME: _____

YOUR JOB TITLE _____

COMPANY NAME _____

ADDRESS _____

NAME OF SUPERVISOR _____

DESCRIBE YOUR DUTIES _____

FULL TIME _____ PART TIME _____

TELEPHONE # (_____) _____

EMPLOYED (INDICATE MONTH, DAY AND YEAR)

FROM _____ TO _____

ANNUAL SALARY

START _____ LAST _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? YES NO

IF NO, PLEASE EXPLAIN _____

YOUR JOB TITLE _____

COMPANY NAME _____

ADDRESS _____

NAME OF SUPERVISOR _____

DESCRIBE YOUR DUTIES _____

FULL TIME _____ PART TIME _____

TELEPHONE # (_____) _____

EMPLOYED (INDICATE MONTH, DAY AND YEAR)

FROM _____ TO _____

ANNUAL SALARY

START _____ LAST _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? YES NO

IF NO, PLEASE EXPLAIN _____

YOUR JOB TITLE _____

COMPANY NAME _____

ADDRESS _____

NAME OF SUPERVISOR _____

DESCRIBE YOUR DUTIES _____

FULL TIME _____ PART TIME _____

TELEPHONE # (_____) _____

EMPLOYED (INDICATE MONTH, DAY AND YEAR)

FROM _____ TO _____

ANNUAL SALARY

START _____ LAST _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? YES NO

IF NO, PLEASE EXPLAIN _____

ADDITIONAL SKILLS

State any additional information you feel may be helpful to us in considering your application.

Indicate any professional licenses or certificates. List license numbers with expiration dates and issuing agency.

REFERENCES:

List the name, address, and telephone number of at least three (3) references who are not related to you and are not previous employers.

NAME	ADDRESS	TELEPHONE NUMBER
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

APPLICANT'S STATEMENT

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

I understand that an investigation of all statements contained in this application for employment will be conducted, to include at a minimum: personal and business references, employment history, education/technical training and military service. If a conditional offer of employment is extended, I understand that my hiring may be contingent upon successful completion of job-related testing and a criminal background investigation. I agree, upon request, to sign all necessary authorization and consent forms.

SIGNATURE OF APPLICANT

DATE

THIS APPLICATION FORM MUST BE COMPLETED IN FULL, SIGNED AND DATED.

Gallatin Airport Authority

850 Gallatin Field Road, Suite 6

Belgrade, MT 59714

Phone: (406)388-6632 Fax: (406)388-6634

Authorization to Release Employment Information

I hereby authorize the Gallatin Airport Authority to obtain information pertaining to my employment, attendance, performance reports, and disciplinary records from previous or current employers. I hereby authorize release of this information. This release is executed with full knowledge and understanding that the information is for the official use of the Gallatin Airport Authority only as may be necessary in arriving at an employment decision.

I hereby release you, as the custodian of such records, from any and all liability for damages of any kind because of compliance with this authorization, and request you to release the information requested.

Please print all information legibly with black ink.

Full Name

Current Address

Telephone Number(s)

(Day)

(Evening)

Signature of Applicant

Date