



NORFOLK AIRPORT AUTHORITY®
2200 Norview Avenue
Norfolk, Virginia 23518
(757) 857-3381

**AN
 EQUAL
 OPPORTUNITY
 EMPLOYER**

EMPLOYMENT APPLICATION

In accordance with state and federal laws, employment offers are tendered solely on the bases of qualifications without regard to race, religion, color, national origin, age, sex, disability or veteran status. If hired, this Employment Application will become part of your employment record. Please type or print with ink, answering all items completely and accurately, using "no," "none," or "not applicable," as appropriate. We will give this application consideration, however, in accepting it, the Authority makes no commitment of employment. This application will remain on active file for a period of three months from the date completed, after which time you are permitted to reapply in accordance with established Authority procedures.

PLEASE PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED

GENERAL INFORMATION

Position Applied For: _____ **Position Number:** _____

Name: _____ **Home #:** () _____
 Last First Middle

Address: _____ **Work #:** () _____
 Street City State Zip May we contact you at work? Yes No

E-Mail: _____ **Alternate #:** () _____
 (E-Mail address is optional, but will give our office an alternate method of contacting you)

Social Security Number: _____ Providing your SSN is optional, but will be required on other forms prior to employment.

Are you 18 years of age or older? Yes No

Are you legally authorized to work in the United States? Yes No

Have you ever worked for the Norfolk Airport Authority? Yes No

If yes, give dates: From: _____ To: _____

Are you currently employed? Yes No

If so, may we contact you present employer? Yes No

Do you have any relatives who work for the Norfolk Airport Authority? Yes No

If so, list: Name: _____ Relationship: _____ Department: _____

On what date would you be available to work? _____

Available to work: Full-Time Part-Time Temporary

Are you willing to work on weekends? Yes No

Are you willing to work overtime? Yes No

Are you willing to work a rotating schedule? Yes No

Are you willing to travel (if necessary)? Yes No

Can you perform the essential functions of this job, with or without reasonable accommodation? Yes No

Can you meet the attendance requirements of this job? Yes No

Have you ever been convicted of a crime except a minor traffic violation? Yes No

If so, please explain. _____

Have you ever been discharged or requested to resign from a position? Yes No

If so, please explain. _____

Have you ever held a position of trust (handling money or confidential material)? Yes No

EDUCATIONAL BACKGROUND

Circle highest level completed:	1 2 3 4 5 6 7 8 9 10 11 12	GED	College:	1 2 3 4	Graduate School:	1 2	Post Grad.
Name of College/University	Hours Completed		Degree Earned		Major/Minor		

LICENSES *and* CERTIFICATIONS

For positions requiring driving, mark type of license you currently possess: Standard CDL Permit CDL Endorsement
From what state? _____
List and provide official documentation of other job-related licenses/certifications you have, including State and expiration date.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience: _____

PROFESSIONAL REFERENCES

Please list three individuals for whom you have worked in a regular job, who are not related to you.

Name/ Job Title	Company/ Phone Number	Address

EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail (*i.e. Do not use "See Resume"*) all paid work experience beginning with your most recent. You should summarize the duties which best demonstrate your qualifications for the position you are seeking. You should list significantly different jobs within the same organization as separate items.

Job Title: (Most Recent)	Supervisor: Title:	Phone: Fax:
Employer	Address (City, State, Zip)	
Dates employed: (MO/YR) Begin:	End:	Salary Begin: End:
Reason for leaving:		
Job Duties: (Be Specific)		
Job Title:	Supervisor: Title:	Phone: Fax:
Employer:	Address (City, State, Zip)	
Dates employed: (MO/YR) Begin:	End:	Salary Begin: End:
Reason for leaving		
Job Duties: (Be Specific)		
Job Title:	Supervisor: Title:	Phone: Fax:
Employer:	Address (City, State, Zip)	
Dates employed: (MO/YR) Begin:	End:	Salary Begin: End:
Reason for leaving		
Job Duties: (Be Specific)		

NOTICE

APPLICANTS FOR EMPLOYMENT WILL BE REQUIRED TO UNDERGO A CONTROLLED SUBSTANCE SCREENING TEST PRIOR TO BEGINNING EMPLOYMENT WITH THE NORFOLK AIRPORT AUTHORITY®.

AGREEMENT AND CERTIFICATION

(Must be read and signed)

I understand that the foregoing will be verified for employment at the Norfolk Airport Authority®. I hereby authorize any employer, company or other person to furnish the Norfolk Airport Authority® full and complete information concerning my ability, character, habits, work record, and any other lawful information desired, and specifically release any such employer, company or person from liability because they supplied such information. This does not take into account the ability to keep your current employer from being contacted. I understand any offer of employment is made contingent upon passing a pre-employment, drug screening and a satisfactory criminal history background report. I agree that, if hired, I have the right to terminate my employment at any time with or without cause and with or without notice, just as the Norfolk Airport Authority may terminate my employment at any time, with or without cause or notice. I understand that no manager or representative of the Norfolk Airport Authority®, other than its Executive Director or his/her designee, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing either now, in the past, or in the future. I further understand that such an agreement must be in writing and signed by the Executive Director or his/her designee for it to be binding on either the Norfolk Airport Authority® or myself. I further understand that this statement supersedes any prior oral or written understanding and bars any future understanding to the contrary. The Norfolk Airport Authority® has a policy that prohibits smoking by all employees while on duty. I hereby acknowledge that I am aware of said policy and agree to abide by same. If employed, I agree to abide by all rules, regulations, and policies of the Norfolk Airport Authority®. I agree to disclose any non-competition agreement with a previous employer that may be binding on me. I understand that this application in no way obligates the Norfolk Airport Authority® to hire me. I declare that the information provided by me is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on this application may prevent an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

I agree to be bound to the above "Agreement and Certification."

Signature _____

Date _____

(OFFICE USE ONLY, DO NOT WRITE BELOW THIS SPACE)

Position Offered: _____

Date Offered: _____

Offered by: _____

Starting Date: _____

Starting Salary: _____

VOLUNTARY EEO IDENTIFICATION
For Applicants

It is the policy of **the Norfolk Airport Authority® (the Authority)** to provide equal employment opportunities to all qualified applicants and employees regardless of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Your completion of the information below is entirely voluntary. This information is requested solely to enable the Authority to meet recordkeeping and affirmative action requirements under Executive Order 11246, as amended, and Section 402 of the Vietnam Veterans' Readjustment Assistance Act of 1974, as amended. The information will be kept in the strictest confidence, and this information will not become a part of your personnel file. Inclusion or exclusion of any of the data will not affect any employment decision.

Name _____ Address: _____

Position Applied For: _____

Gender: Male Female

Please select all that apply for both race and ethnicity categories below:

- | | |
|--|---|
| Race:
<input type="checkbox"/> White (not Hispanic or Latino)
<input type="checkbox"/> American Indian or Alaskan Native
(not Hispanic or Latino)
<input type="checkbox"/> Black or African American (not Hispanic or Latino)
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
(not Hispanic or Latino)
<input type="checkbox"/> Asian (not Hispanic or Latino)
<input type="checkbox"/> Two or more races / Other

<input type="checkbox"/> Declines Self - Identification | Ethnicity:
<input type="checkbox"/> Hispanic or Latino (white race only)
<input type="checkbox"/> Hispanic or Latino (all other races) |
|--|---|

SPECIAL NOTICE TO VIETNAM ERA VETERANS AND OTHER COVERED VETERANS:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974, as amended, are required to take affirmative action to employ and advance in employment veterans of the Vietnam Era and other protected veterans.

Regulations issued by the U.S. Department of Labor with respect to Vietnam Era veterans and other protected veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary and confidential basis for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Veteran Classification(s): Explanations of these Categories are listed on the 2nd page of this form.

- Vietnam Era Veteran Other Protected Veteran Recently Separated Veteran

Referral Source:

- | | | |
|--|--|--|
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Norfolk Airport Authority Website | <input type="checkbox"/> Job Hotline |
| <input type="checkbox"/> Advertisement Source: _____ | <input type="checkbox"/> Other _____ | |

Name of Authority employee who referred you
(if applicable): _____

This form should be completed and returned to the Authority as soon as possible.

Please return to: **Norfolk Airport Authority®**
2200 Norview Ave
Norfolk, VA 23518
Fax: 757-857-3364

EXPLANATION OF THE CATEGORIES:

- **White:** A person having origins in any of the original peoples of Europe, North Africa or the Middle East
- **Black (or African American):** A persons having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Hispanic or Latino (White Race only):** A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, and of the White Race.
- **Hispanic or Latino (all other races):** A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, and of any race other than White.
- **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **Veteran of the Vietnam- Era:** means a veteran who: (i) served on active duty in the U.S. military, ground, naval, or air service for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.
- **Other Protected Veterans:** means veterans who served on active duty in the U.S. military, ground, naval, or air service of the during a war or in a campaign or expedition for which a campaign badge has been authorized, other than special disabled veterans or veterans of the Vietnam era. To identify the campaigns or expeditions that meet this criterion, contact the Office of Personnel Management (OPM) and ask for the OPM VETS Guide, Appendix A. A local OPM telephone number may be found in the telephone book under Federal Government or consult Directory Assistance for your area code for the nearest OPM location. For those with Internet access, the information required to make this determination also is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>.