

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer



DULUTH AIRPORT AUTHORITY
 4701 Grinden Drive
 Duluth, MN 55811
 (218) 727-2968 Fax (218) 727-2960

Title of Position for which you are applying:

READ PAGE 2 BEFORE YOUR BEGIN - Please Type or Print Clearly

Last Name	First Name	Middle Name	May we call you at work? Yes ___ No ___
Street Address	Apt No.	Home Phone	Work Phone
City	State	Zip	Are you age 18 or older? Yes ___ No ___
Are you a United States Citizen or if not, do you have permission to work in this country? Yes ___ No ___ If you are not a U.S. Citizen, attach a copy of your INS employment authorization form.			
If position requires driver's license, please provide information: Type: _____ State: _____ Number: _____ Expiration Date: _____			
Have you legally changed your name within the past five years? Yes ___ No ___ If yes, list previous names: _____			

Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, or do you meet the minimum active duty requirements of eligibility for federal veterans benefits? Yes ___ No ___
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ALTERNATIVE EXAM PROCESS: For persons who qualify under the Americans with Disabilities Act (ADA), alternative exam processes are available on an individual basis upon prior arrangement. Contact the Human Resources Division, 313 City Hall, (218) 730-5210, as soon as possible prior to the scheduled date of the exam. TDD services are available through (800) 657-3529

Have you ever been convicted of an offense other than a parking ticket or traffic moving violations? Yes ___ No ___ You may answer "No" if the conviction or criminal records have been annulled, sealed, set aside, or purged, unless you are applying for the position of Police Officer. If "Yes", please attach a separate sheet with explanation, including state and county of conviction, date of conviction, and description of conviction. Information concerning this question will not automatically bar you from employment, but will be used to assess your suitability for this position.

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

If you do not provide complete information, you may receive an inaccurate score or be removed from further consideration. So that your application will be processed accurately, please do the following:

1. **Work Experience Section:** For jobs with an experience and training rating, your score will be determined by an evaluation of the job related experience and training you describe on the application. Be specific and complete.
 - List your present or most recent experience first, including all job-related volunteer and/or unpaid experience.
 - List each promotion as a separate job, even though it may have been with the same department or organization.
 - If you attach additional information sheet(s), include all of the information requested on the application, i.e., organization, position title, length of employment, total time, hours per week, major activities and percentages. If hours per week vary, please use the average number of hours per week.
 - Part-time work experience is prorated to the number of hours worked, using a 40-hour work week as the standard for full-time work.
 - To receive proper credit list the five most important and/or time-consuming duties and the percentage of time spent on each for each position. Do not include unimportant job duties which are preformed only occasionally.
 - Do not write "see prior applications".
2. Your application and supporting material becomes the property of the Duluth Airport Authority (DAA) and cannot be returned. Work samples, letters of recommendation and the like should not be submitted with the application. However, you may bring such material to an actual employment interview.
3. It is your responsibility to notify our office (by mail or phone) of any name, address or phone number changes.
4. An accepted application is subject to later rejection if it does not show qualifications required by the examination announcement or if there is any false statement by an applicant during the hiring process. A false statement is also sufficient cause for discharge after appointment.

DATA PRIVACY ADVISORY

This application is to assist in the process of referring you to DAA departments for possible employment. Certain information requested on the application is private, that is, it may be released only to you or to DAA departments where you may be considered for employment. Names of applicants become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

Private Data	Why we ask for it	Are you legally provide it?	provide it?
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Social Security Number	To distinguish you from all other applicants and to make processing more efficient.	No	In most cases, nothing. However, it will help to ensure that we do not confuse your records with others.
Street Address Route or Box Number	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Telephone Numbers	To be able to contact you to determine availability for interview	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Sex, Racial/Ethnic, Disability Status	To be able to make Equal Opportunity Reports and to provide affirmative action	No	We will not be able to accurately assess our recruitment efforts as an affirmative action employer.
Conviction Records	To determine whether we may legally accept an application from you and to determine whether your record may be a job related conviction.	Yes	We will not be able to make determinations required by law.
Special Training	To determine whether you need special testing arrangements.	No	We will not be able to provide you necessary testing arrangements in a timely manner.

ALL OTHER INFORMATION ON THE APPLICATION FORM IS PUBLIC, THAT IS IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE.

IMPORTANT: This page and work experience attachments will be duplicated for the hiring authority.

Last Name	First Name	Middle Name	May we call you at work? Yes ___ No ___
Street Address	Apt No.	Home Phone	Work Phone
City	State	Zip	Title of Position for which you are applying:

FORMAL EDUCATION

PLEASE SUBMIT A COPY OF YOUR COLLEGE TRANSCRIPTS IF APPLYING FOR A POSITION REQUIRING A COLLEGE DEGREE.

Do you have a high school diploma or GED equivalency? Yes ___ No ___								
College, University or Professional School (List All Undergraduate and Graduate Work)		Total Months Attended	Total # of Credits Earned		Degree Type AA, BS, Etc.		Date Rec'd	Major Field(s)
1. Name	Location							
2. Name	Location							
3. Name	Location							
Business, Correspondence, Trade, Technical or Vocational School		Total Months Attended	Full Time	Part Time Hours Week	Cert. Rec'd? Yes/No	% Course Complete	Program Title	
4. Name	Location							
5. Name	Location							
6. Name	Location							

PROFESSIONAL LICENSES: IF THE POSITION REQUIRES A LICENSE, CERTIFICATION, REGISTRATION OR SIMILAR CREDENTIAL, ATTACH A PHOTOCOPY OF THE CREDENTIAL AND COMPLETE THE INFORMATION BELOW.

Credentialing Organization	Profession	Number
<i>Example:</i> MN Bd of Nursing	RN	'00000000

Provide a complete description of all qualifying experience, paid and/or volunteer, starting with the most recent position held. (Please refer to instructions on Page 2.)

7. Organization: _____ Telephone #: _____ Address: _____ Position Title: _____ Supervisor: _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Machines/Equipment used: _____ Number & Title(s) of people supervised: _____	% of Time	Length of Employment From _____ To _____ Mo. Yr. Mo. Yr. Hrs/Week _____ (If hours vary, indicate average hrs Awk. Reason for Leaving: _____
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8. Organization: _____ Telephone #: _____ Address: _____ Position Title: _____ Supervisor: _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Machines/Equipment used: _____ Number & Title(s) of people supervised: _____	% of Time	Length of Employment From _____ To _____ Mo. Yr. Mo. Yr. Hrs/Week _____ (If hours vary, indicate average hrs Awk. Reason for Leaving: _____
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9.

Organization: _____ Telephone #: _____ Address: _____ Position Title: _____ Supervisor: _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Machines/Equipment used: _____ Number & Title(s) of people supervised: _____	% of Time	Length of Employment From _____ To _____ Mo. Yr. Mo. Yr. Hrs/Week _____ (If hours vary, indicate average hrs /wk. Reason for Leaving: _____
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10.

Organization: _____ Telephone #: _____ Address: _____ Position Title: _____ Supervisor: _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Machines/Equipment used: _____ Number & Title(s) of people supervised: _____	% of Time	Length of Employment From _____ To _____ Mo. Yr. Mo. Yr. Hrs/Week _____ (If hours vary, indicate average hrs /wk. Reason for Leaving: _____
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11.

Organization: _____ Telephone #: _____ Address: _____ Position Title: _____ Supervisor: _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ Machines/Equipment used: _____ Number & Title(s) of people supervised: _____	% of Time	Length of Employment From _____ To _____ Mo. Yr. Mo. Yr. Hrs/Week _____ (If hours vary, indicate average hrs /wk. Reason for Leaving: _____
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ATTACH ADDITIONAL SHEETS IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.

APPLICANT'S SIGNATURE

ATTENTION -- THIS STATEMENT MUST BE SIGNED. ANY FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW.

Read the following statements carefully before you sign this application.

I hereby authorize the Duluth Airport Authority and any agent acting on it's behalf to conduct an inquiry into any job related information contained in this application, including, but not limited to my records maintained by an educational institution relating to academic performance. I hereby authorize all current and previous employers (unless noted otherwise) to release any information in their files pertaining to my employment history, including, but not limited to, the nature of my employment, wages, attendance records, performance reviews and disciplinary actions. I hereby release the Duluth Airport Authority and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

____ Yes ____ Yes, but not present employer until job is offered. ____ No (We may be unable to hire you without this information.)
 Name and phone number of current or immediately previous supervisor who may be contacted as an employment reference _____

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection, or dismissal if employed. I have read the Data Privacy Advisory (page 2) and agree to supply information on this form with full knowledge of the meaning of that warning.

SIGNATURE OF APPLICANT: _____ DATE: _____