



Lewiston-Nez Perce County Regional Airport

APPLICATION FOR EMPLOYMENT

AFFIRMATIVE ACTION-EQUAL OPPORTUNITY EMPLOYER:

Our policy and practice is to recruit, hire, and promote applicants without regard to race, religion, sex, national origin, age, or handicapped condition.

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|---|---|
| <ul style="list-style-type: none"> • Follow instructions carefully • Provide detail – do not use “see resume” | <ul style="list-style-type: none"> • Print or type • Check for errors & signature before submitting |
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Position applying for:	Are you 18 years of age or over?	Date
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General Information

Name (Last, First, Middle Initial)			Email Address		
Mailing Address		City		State	Zip Code
Work Telephone	Home Telephone	Cellular/Other Telephone	Primary telephone number for calls related to this job opening <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cellular/Other		
Can you provide proof, if hired, that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain _____ <small>(Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)</small>					
Do you have a valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No License State _____ License Number _____					
How did you learn about this opening?					

Veteran's Preference

Do you claim Veteran's Preference?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - <i>Must</i> attach DD-214, Report of Separation
Do you claim Disabled Veteran's Preference?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - <i>Must</i> attach DD-214, Report of Separation, and a letter less than 1 year old from the US Dept. of Veteran Affairs indicating disability
Spouse of Disabled Veteran?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - <i>Must</i> attach copy of marriage certificate, DD-214, and a letter less than 1 year old from the US Dept. of Veteran Affairs indicating disability
Spouse of Deceased Veteran?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - <i>Must</i> attach copy of marriage certificate, DD-214, and veteran's death certificate

Education and/or Training

Did you graduate from high school or receive a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No						
SCHOOL NAME AND LOCATION <small>(college, vocational, or other)</small>	No. of Credits		Field		Did you graduate?	Diploma or degree earned
	Qtr.	Sem.	Major	Minor		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education/training/skills: Computer skills (hardware & software): Related volunteer experience:

License or Certification

License/Certification	State	Profession	License/Certification #	Expiration Date

Employment History: (Provide detail; do not use "see resume.")

- Start with your current or last job – include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable				
1.	Employer	Telephone No.	Supervisor's Name	
Type of Business		Address		
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____		Average Hours Worked Per Week
Duties:				
Hourly Wage		Reason for Leaving or Reason for Considering Leaving If Still Employed		
2.	Employer	Telephone No.	Supervisor's Name	
Type of Business		Address		
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____		Average Hours Worked Per Week
Duties:				
Hourly Wage		Reason for Leaving or Reason for Considering Leaving If Still Employed		
3.	Employer	Telephone No.	Supervisor's Name	
Type of Business		Address		
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____		Average Hours Worked Per Week
Duties:				
Hourly Wage		Reason for Leaving		

Additional work history may be included by attaching a separate page and/or resume.

PROFESSIONAL REFERENCES

NAME	PHONE	YEARS KNOWN
ADDRESS	E-MAIL	
NAME	PHONE	YEARS KNOWN
ADDRESS	E-MAIL	
NAME	PHONE	YEARS KNOWN
ADDRESS	E-MAIL	

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed.

Applicant's Signature

Date

Note: Please open this PDF in Adobe Acrobat Reader DC and click the submit button to submit your application. You can also email bookkeeper1@golws.com with this PDF attached.