

APPLICATION FOR EMPLOYMENT

Sanford Airport Authority

1200 Red Cleveland Blvd.

Sanford, FL 32773

(407) 585-4000 Fax (407) 585-4045

www.orlandosanfordairport.com

The Sanford Airport Authority is an equal-opportunity employer. All applicants will be considered regardless of race, creed, sex, age, national origin, disability, veteran status, or any condition prescribed by state or local law.

P E R S O N A L	Last Name			First	Middle	Date	
	Street Address					Home Telephone ()	
	City, State, Zip					Cellular Telephone ()	
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____					Social Security #	
	Position Desired					Pay Expected?	
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____					Would you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you legally eligible for employment in the United States?					When will you be available to begin work? _____	
	Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offences, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.					Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers?	
	Other special training or skills (languages, machine operation, etc.)						

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record. Start with your present or most recent employment

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reasons for leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reasons for leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work _____	Reasons for leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	Describe Job Title and Describe Your Work _____	Reasons for leaving

We may contact the employers above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number (s) _____ Reason _____

MILITARY	Did you served in the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" what Branch?
Describe any training which you received relevant to the position for which you are applying. _____ _____		

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.
(Exclude those which may disclose your race, color, religion, age, or national origin)

Applicant's Signature

Please read and understand this statement before signing your application.

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discover after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a Personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to Evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

_____ Date

_____ Signature

R E F E R E N C E C H E C K	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

T E S T R E S U L T S	Tests Administered	Raw Score	Rating	Analysis and Comments

I N T E R V I E W R E S U L T S	Interviewer Name and Comments

SANFORD AIRPORT AUTHORITY
CONSENT AGREEMENT
MOVING VIOLATION REPORT

Employees of the Sanford Airport Authority (SAA) may be required to operate company vehicles at any given time. For that reason, SAA requires a Moving Violation Report (MVR) be done for all employees.

In this regard I freely and voluntarily consent to having the MVR conducted on my drivers license as a condition of employment with the SAA and as a condition of continued employment. I further consent to annual driving license investigations (to verify employee license validity) in keeping with the SAA's Personnel Policies and Guidelines.

I understand that either my refusal to provide a current drivers license or my failure to meet minimum confirmed standards of qualification according to the standards established by the Sanford Airport Authority may disqualify me from further consideration for initial employment and may result in progressive discipline, up to and including termination, should such refusal or disqualification occur after employment has commenced.

By signature below I hereby certify my understanding and voluntary consent to the aforementioned moving violation report provisions.

(Witness Signature)

(Signature)

(Print Witness Name)

(Print Name)

(Date)

(Date)

Drivers License Number



POLICY STATEMENT

Number: _____

Sanford Airport Authority

SUBJECT: THE COLLECTION & USE OF SOCIAL SECURITY NUMBERS

POLICY:

The Sanford Airport Authority requests from various entities and uses federally issued Social Security Numbers (SSN). It is the policy of the Sanford Airport Authority to utilize this personal security sensitive information in a manner that is consistent with the laws of the United States of America, the State of Florida, and employing good common sense and best practices.

SSN are requested for multiple specific purposes. The uses are:

1. Employment and tax purposes.
2. Credit and Creditworthiness verifications.
3. Law Enforcement identity verifications.
4. Department of Homeland Security (DHS) and Transportation Security Administration (TSA) security background verifications.

The Sanford Airport Authority collects social security numbers for public safety / law enforcement needs to positively and accurately identify individuals and for overall aviation security / Department of Homeland Security (DHS) and Transportation Security Administration (TSA) requirements (i.e. background checks prior to allowing access to the secure areas of the Airport).

In employment, SSN's are used to collect and distribute social security withholdings and taxation purposes. Prospective business partners and tenants will provide SSN's to determine and ascertain their credit worthiness through known and long time established credit agencies.

PROCEDURE:

INCORPORATING THE LAW INTO EXISTING FORMS & APPLICATIONS

In accordance with Florida Statutes, PCB GEAC 07-08, and effective October 1st, 2007, all agencies and political subdivisions of the State of Florida, collecting social security numbers from the public shall state, in writing, the purpose for the collection.

All SAA employee engaged in conduct with the public will provide, in writing, the reason for the request or collection of social security numbers. This written response shall be incorporated into the employment application, tenant lease applications, and elsewhere when the social security number is requested in a form or application. When it is not possible to have the written reasons for requesting or collecting social security numbers previously incorporated into a form or application, the employee will give the person to whom the request or requirement to provide a SSN has been made a business card containing the following written statement:

“In accordance with Florida Statutes, PCB GEAC 07-08, and effective October 1st, 2007, all agencies collecting social security numbers from the public shall state, in writing, the purpose for the collection. The Sanford Airport Authority collects social security numbers for public safety / law enforcement needs to positively accurately identify individuals and for overall aviation security / Department of Homeland Security (DHS) and Transportation Security Administration (TSA) requirements.”

On or before January 31st, 2008, a letter of compliance shall be sent to the Florida Senate and to the Florida House of Representatives. Annually, a report will be filed with the State of Florida listing any and all commercial entities that have made a public request for the agency's collected social security numbers.