



EMPLOYMENT APPLICATION

Mobile Airport Authority (MAA) does not discriminate in recruitment, hiring, training, promotion or other employment practices for reasons of race, color, religion, national origin, sex, marital status, age, disability, veteran status or any other status protected by law. Employment with Mobile Airport Authority is at the will of the employee and the organization.

This application will be considered active for 45 days or during the time the job remains open, whichever is greater, not to exceed 6 months. After this time, reapplication must be made for consideration for other positions which may be available.

Position(s) Applying For (Required):

PERSONAL INFORMATION

Last Name		First Name		Middle Name	
Home Phone Number	Work Phone Number	Cell Phone Number	Email Address		
Home Address/Street/Apt #:		City/State		Zip code	
Former Name(s)					
Are you age 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you eligible to work legally in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever applied at MAA before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?		Have you ever worked at MAA before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? What position?	
Who referred you to Mobile Airport Authority?					
Have you been convicted of a felony within the last ten (10) years? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered yes, please explain, with dates _____					
<i>Please read this question carefully. If you have questions, please ask a MAA Representative.</i>					
Do you have any relatives currently employed by Mobile Airport Authority? If so, Name Relationship/Job Title if Known				Work Location	

JOB REQUIREMENTS

How Did You Learn About Us? <input type="checkbox"/> Walk-In <input type="checkbox"/> Web Site <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other		Hourly Pay/Salary Desired \$	
Are you seeking <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Will you work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you work shifts/nights/weekends?	
State the hours and days of the week you are available to work		When would you be available to begin work?	
Are you able to perform the essential functions of the position(s) for which you have applied, with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**A Drug Free Workplace
(Background Checks Required)**

JOB SKILLS

Please list qualifications you feel qualify you for a position at Mobile Airport Authority

Specify Computer Applications and/or Other Skills:

EDUCATION

	School Name City & State	Course of Study	Years Completed	Diploma/ Degree
High School				
College				
Graduate School				
Vocational or Other				

Certifications/ Licenses Earned	Date Earned

LANGUAGE	Indicate any foreign language(s) you can speak, read and/or write		
	FLUENT	GOOD	FAIR
Speak			
Read			
Write			

EMPLOYMENT HISTORY

Please begin with present or most recent employer. List all previous employers and jobs that you have held during the last ten (10) years. Include military service, self-employment, summer, and part-time employment. (Please list a minimum of 3 employers/jobs even if is more than 10 years of employment.) Please explain any gaps in employment. Use additional sheets if necessary.

1 Employer	Address, City, State		
Name and Title of Supervisor	Supervisor Phone Number	Dates of Employment From _____ To _____	
Your Position Held	Full-Time ___ Part-Time ___	Starting Salary \$ _____	Ending Salary \$ _____
Duties/Work Performed			Reason for leaving
2 Employer	Address, City, State		
Name and Title of Supervisor	Supervisor Phone Number	Dates of Employment From _____ To _____	
Your Position Held	Full-Time ___ Part-Time ___	Starting Salary \$ _____	Ending Salary \$ _____
Duties/Work Performed			Reason for leaving
3 Employer	Address, City, State		
Name and Title of Supervisor	Supervisor Phone Number	Dates of Employment From _____ To _____	
Your Position Held	Full-Time ___ Part-Time ___	Starting Salary \$ _____	Ending Salary \$ _____
Duties/Work Performed			Reason for leaving
4 Employer	Address, City, State		
Name and Title of Supervisor	Supervisor Phone Number	Dates of Employment From _____ To _____	
Your Position Held	Full-Time ___ Part-Time ___	Starting Salary \$ _____	Ending Salary \$ _____
Duties/Work Performed			Reason for leaving
5 Employer	Address, City, State		
Name and Title of Supervisor	Supervisor Phone Number	Dates of Employment From _____ To _____	
Your Position Held	Full-Time ___ Part-Time ___	Starting Salary \$ _____	Ending Salary \$ _____
Duties/Work Performed			Reason for leaving

OTHER INFORMATION

May we contact your present employer? Yes No

If no, please tell us why: _____

Have you ever been dismissed or forced to resign from any employment? If yes, please explain: _____

Do you currently use illegal drugs? Yes No

If you answered yes, please explain: _____

CONDITIONS OF EMPLOYMENT

Please read this section carefully and sign and date the bottom.

Misrepresentation/Omission. I hereby affirm that the foregoing answers and statements are true and correct and authorize the investigation of all statements contained in this application. I understand that this Organization will attempt to verify my answers and statements as it may see fit, and if false or misleading information or omission of facts called for in this employment application are discovered, the selection process will terminate immediately, or if discovered after hire will result in termination.

Verification/Reference Checks/Investigation. I give my permission to Mobile Airport Authority to conduct background checks and to obtain all necessary information from my references, previous employers, educational institutions, or any other source concerning my prior employment, education, personal history, or character. I release all such persons from liability or damages incurred as a result of these inquiries and for providing this information with or without prior written notice to me.

Driver's License. I understand I will be required to provide and maintain a valid Driver's License if the job requires a valid license.

Drug/Alcohol Screening and Physical Exam. I understand and acknowledge that I will be required to successfully pass a drug screen and physical examination as a condition of employment. I further hereby consent to a pre-employment drug screen and physical exam and the release of any medical information as may be deemed necessary to judge my capability to perform the work for which I am applying. I understand that refusal to submit to the tests or failure to pass the tests will disqualify me from further consideration for employment. I also understand that I may again be required to submit to a drug test or physical exam during my employment with the Organization and if I refuse to take the test(s) or fail to pass the test(s), I may be suspended or terminated immediately.

Fingerprinting. I agree to be fingerprinted as a condition of employment, during my employment, and as the FAA requires. I further understand my fingerprint record will be processed by the FBI.

Confidentiality/Integrity. I understand that if employed, I am to treat all of Mobile Airport Authority's business, customers, tenants, employees and records with the strictest confidentiality. I understand and agree that I am not to disclose confidential information either internally or externally unless authorized to do so. I also understand that any violation of the foregoing will be sufficient grounds for termination of my employment.

Retirement Systems of Alabama. I understand that Mobile Airport Authority provides retirement benefits through the Retirement Systems of Alabama. I also understand that if employed (regular full-time or part-time) my participation in the plan is mandatory beginning with the first period. Member contributions are calculated as a percentage of earnable income based on the position held and entry date into the plan. RSA provides life insurance of one time the employee's annual salary after two years of employment.

Organization Policies and Procedures. I understand if employed by Mobile Airport Authority that I will comply with all policies, procedures, rules, regulations and directives. I further understand the foregoing may be changed, interpreted, withdrawn or added by the Organization at any time, at the Organization's sole discretion and without any prior notice to me. I also understand that during my employment, I may be asked to transfer and be expected to move to a different location within the Organization. And, I understand that any violation of the foregoing which includes any act of dishonesty will be sufficient grounds for termination of my employment.

Immigration Reform and Control Act of 1986. I understand that, as a condition of employment, I must furnish in a timely manner appropriate documents and satisfy the employment and eligibility requirements of this Act.

At Will. I understand this application does not constitute an employment contract of any kind. I further understand and agree that, **unless specifically altered by a written contract executed by a Top Management Team Member of Mobile Airport Authority**, my employment with the Organization is for no definite period and may be terminated "at will" by me or the Organization at any time, for any reason, with or without cause or previous notice. I understand that any offer of employment or my acceptance of employment may be withdrawn for any reason at any time and without prior notice by me or the Organization.

Date _____

Signature _____