



Mohave County Airport Authority, Inc.

Laughlin/Bullhead International Airport
2550 Laughlin View Drive, Suite 117
Bullhead City, Arizona 86429
(928) 754-2134 / fax (928) 754-5156

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Issuance or acceptance of an application shall not be construed as incurring an obligation by Mohave County Airport Authority, Inc. In no case shall acceptance of an application constitute assurance of consideration. You must respond to each question, do not leave blanks and if a question is not applicable, write "N/A". Any and all statements are subject to verification. DO NOT MAKE OMISSIONS OR INCORRECT STATEMENTS. If the space provided is inadequate, use additional sheets and identify the information by item number.

APPLICANT INFORMATION

- 1. Name: _____ Social Security No.: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____

POSITION: _____ (Firefighter position cannot have facial hair)

DATE YOU CAN START: _____ SALARY EXPECTED: _____/HR.

INDICATE TYPE OF EMPLOYMENT YOU WILL ACCEPT:
 FULL TIME PART TIME TEMPORARY SEASONAL OTHER

INDICATE SHIFTS YOU ARE WILLING TO WORK:
 DAY NIGHT ROTATING ANY WEEKENDS HOLIDAYS

IF NECESSARY, ARE YOU WILLING TO TRAVEL? YES NO

REFERRED BY: _____

- 2. List former names used or nicknames you are known by:

| | | |
|-------|-------|--------|
| _____ | _____ | _____ |
| Last | First | Middle |
| _____ | _____ | _____ |
| Last | First | Middle |
| _____ | _____ | _____ |
| Last | First | Middle |

- 3. Are you now or have you ever been an employee of Mohave County Airport Authority, Inc.?
 YES NO IF YES, WHEN? _____
- 4. Are you related to any individual presently employed by MCAA, Inc.? YES NO

TO BE COMPLETED ONLY IF APPLICABLE

If lifting is required on the job, indicate the amount you are able to lift:

Up to 25 lbs. 25-50 lbs. Over 50 lbs.

Foreign Language(s) Spoken: _____ Read? _____ Write? _____

Check Current Clerical Abilities:

Typing ____ wpm Bookkeeping AR/AP Filing Numeric / Alpha

Computer Skills

5. Are you a citizen of the United States? YES NO Status, if no: _____
If you are selected for employment, you will be required to furnish proof of identity and legal right to work in the United States.

6. Do you possess a valid driver's license? YES NO
Driver's License No.: _____ State: _____ Exp. Date: _____

7. Has your driver's license ever been revoked, suspended or refused? YES NO
If yes, provide details: _____

8. List traffic violations issued in the previous 5 years:

| DATE | LAW ENFORCEMENT AGENCY | VIOLATION |
|-------|------------------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

9. Have you ever been convicted of a felony? YES NO
If yes, explain completely and give date and disposition of felony.

10. Have you ever been convicted of a misdemeanor? YES NO

| DATE | OFFENSE | LOCATION |
|-------|---------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

11. Have you served in the Armed Forces of the United States? YES NO
a. Air Force Army Navy Marine Corp Coast Guard National Guard

- b. Were you ever convicted by a Court Martial? YES NO
- c. Were you honorably discharged? YES NO

EMPLOYMENT HISTORY - List most recent job first

Include paid or verifiable non-paid experience, including military service, for the last ten (10) years or since the age of 18. If you have had more than one position with the same employer, please list each position. Use additional sheets if necessary. Providing complete and accurate information will assist in the processing of your application and background investigation.

| | |
|---------------------|---------------------|
| Employer: | Salary: |
| Address: | Phone: |
| City: State: | Zip: |
| Dates Employed: | Hours per week: |
| Manager's Name: | Reason for Leaving: |
| Job Title / Duties: | |

| | |
|---------------------|---------------------|
| Employer: | Salary: |
| Address: | Phone: |
| City: State: | Zip: |
| Dates Employed: | Hours per week: |
| Manager's Name: | Reason for Leaving: |
| Job Title / Duties: | |

| | |
|---------------------|---------------------|
| Employer: | Salary: |
| Address: | Phone: |
| City: State: | Zip: |
| Dates Employed: | Hours per week: |
| Manager's Name: | Reason for Leaving: |
| Job Title / Duties: | |

| | |
|---------------------|---------------------|
| Employer: | Salary: |
| Address: | Phone: |
| City: State: | Zip: |
| Dates Employed: | Hours per week: |
| Manager's Name: | Reason for Leaving: |
| Job Title / Duties: | |

Explain gaps in employment of 3 months or more:

EDUCATION RECORD - List most recent first

| Education and Training | | | | |
|--|--------------|----------------------------|---|------------------------|
| University College High School or GED | City & State | College Units Completed | Date Completed Diploma or Degree Earned | Major Area of Study |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List professional, society memberships, job-related licenses, registrations, certificates (including number and expiration dates). Include any information that would assist in considering you for this position.

REFERENCES – BUSINESS

If applying for your first job, you may use academic references.

| | |
|----------------------|-------------|
| Name: | Title: |
| Employer: | Work Phone: |
| Address: | |
| City: | State: Zip: |
| Relationship to you: | |

| | |
|----------------------|-------------|
| Name: | Title: |
| Employer: | Work Phone: |
| Address: | |
| City: | State: Zip: |
| Relationship to you: | |

| | |
|----------------------|-------------|
| Name: | Title: |
| Employer: | Work Phone: |
| Address: | |
| City: | State: Zip: |
| Relationship to you: | |

REFERENCES – PERSONAL

Do not include relatives or former employers. Must be persons residing within the United States or its territories whom you have known for at least FIVE (5) years.

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Relationship to you: _____

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Relationship to you: _____

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Relationship to you: _____

TEN-YEAR BACKGROUND INVESTIGATION

1. Name _____ Social Security No. _____
2. Please indicate YES or NO to each of the following questions. Explain all YES answers.
 - a. Have you ever been refused a bond? YES NO
 - b. Were you ever dismissed from a job or forced to resign? YES NO
 - c. Have you ever been rejected for a similar position for which you are applying? YES NO
 - d. Have you ever been committed to a mental institution, either voluntarily or involuntarily in lieu, or because, of criminal prosecution for reasons that would affect your ability to perform the job for which you are applying? YES NO
 - e. Have you ever been a member of any organization that had as its goal the violent overthrow of the U.S. Government or any U.S. Government Program? YES NO
 - f. Have you ever been a member of any organization that has a policy of advocating or approving the commission of acts of violence to deny other persons their rights under any laws of the United States, any State, or its Political Subdivision? YES NO

3. Within the last ten (10) years, have you been involved in the abuse of legal or illegal substances (drugs, alcohol, etc.). YES NO

When _____

How Often _____

Over What Period of Time _____

Date of Last Use _____

Substance(s) _____

4. Within the last ten (10) years, have you ever been hospitalized for or undergone any form of treatment for substance use? YES NO

If yes, give specific details _____

5. Have you had a driver's license from another state within the last five (5) years? NO

If yes, State _____ License No.: _____ License Class: _____

STATEMENT OF CERTIFICATION / APPLICANT SIGNATURE

The term "background investigation" as used in this document, refers to any and all information and sources of information that the Mohave County Airport Authority, Inc., in its sole discretion, may deem necessary to obtain or contact, or determine my fitness as a candidate for employment in compliance with regulations of the Federal Aviation Administration.

I certify that all statements made by me in this questionnaire are true, correct and complete, and I understand that any misstatements, omissions and willful false statements in this document constitute grounds for the refusal of employment or summary dismissal.

I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the Mohave County Airport Authority, Inc., or any of its officers, agents or employees for any statements, facts or omissions in the course of my background investigation. I hereby release from liability and promise to hold harmless under any and all possible causes or legal action any employee of the Mohave County Airport Authority, Inc. charged with the responsibility of conducting my background investigation.

I understand that my initial and/or continued employment with the Mohave County Airport Authority, Inc., is contingent upon successfully passing the Authority's mandatory drug screen.

If employment is offered and accepted, I understand that if I voluntarily leave Mohave County Airport Authority, Inc. employment before the end of my probation period (usually 6 months), I will be responsible for repayment of all my pre-employment expenses. These expenses include, but are not limited to, fingerprinting, FBI Investigation, badge issuance, drug testing, and shots. The cost of these expenses will be withheld from my final payroll check.

Applicant Signature

Date: _____

Print Name