



SARASOTA MANATEE AIRPORT AUTHORITY

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION/DRUG/ALCOHOL & TOBACCO/SMOKING FREE WORKPLACE/E-VERIFY EMPLOYER

APPLICATION FOR EMPLOYMENT

* PLEASE READ THIS INFORMATION CAREFULLY BEFORE COMPLETING YOUR APPLICATION *

- Applications must be submitted by 4 pm on the posted closing date.
Minimum qualifications must be met by the closing date in order for an applicant to be considered eligible.
The department hiring for each position will select applicants for interview. You will either be contacted for an interview or notified of the outcome.
If you are disabled and need reasonable accommodation to complete the application process, you are requested to inform us so that the Authority can address your needs.
This application must be completed in full and contain signatures. All questions must be answered to include all employer requested information. Resumes may be submitted as supplements, but CANNOT be accepted in lieu of a completed application.
Your application will not be considered unless complete answers are provided to all questions on the application and all requested documentation is attached.

Applications are being accepted for the current openings as shown on the JOB OPPORTUNITY ANNOUNCEMENT list. Please indicate the exact position(s) for which you are applying. Position(s):

Date of Application: How did you learn of this vacancy?

LAST NAME FIRST NAME MIDDLE INITIAL

List any other names you have used including nicknames or other surnames. If you have ever legally changed your name, give date, place and court.

PRESENT ADDRESS No. Street City State Zip

HOME/CELL PHONE # BEST TIME TO CALL WORK PHONE # BEST TIME TO CALL

OR LEAVE MESSAGE WITH PHONE # EMAIL

PLEASE REFER TO THE WRITTEN JOB DESCRIPTION FOR THE POSITION FOR WHICH YOU ARE APPLYING. STATE WHETHER YOU ARE ABLE, WITH OR WITHOUT REASONABLE ACCOMMODATION, TO PERFORM THE DUTIES LISTED. Yes No

Have you worked for us before? If yes, when? Position:

Date you can begin: Expected Salary/Hourly Wage:

Schedule available to work: [] Full-time [] Part-time [] Weekends [] Overtime [] Temporary [] Variable Hours [] Evenings [] Other

Persons related to an Airport Authority employee or Commissioner, depending on relationship, may according to Airport Authority policy be ineligible for employment at the Airport Authority.

Name of any related employee or commissioner: Relationship:

List all places where you have lived during the past 10 years:

Table with 6 columns: Number & Street, City, State, Zip, From (Mo/Yr), To (Mo/Yr)

Name: _____

EDUCATION AND TRAINING

	Yes	No	Name and Location of Last High School Attended
G.E.D. Certificate			
High School Diploma			Highest Grade Completed: _____

College(s) Attended	# Of Years	Major	Type of Degree Received

Vocational/Training, Trade, Business, Armed Forces, and Other Schools and Special Training.			
School(s) Attended	Length of Program (wks, months, yrs)	Program	Type of Certificate/ Credential Received

List equipment that you are experienced in operating, i.e., computers, tractor, switchboard, etc.: _____

List software packages with which you are proficient, i.e., Microsoft Windows, Office, Word, Excel, PowerPoint, etc.:

List any additional qualifications, skills, abilities, or education/ training: _____

Clerical Skills: Typing _____ wpm

Indicate any licenses held, such as Emergency Medical Technician, Professional Engineer, etc. indicating licensing authority, where the license was first issued, and the date license expires: _____

LEGAL INFORMATION

A criminal background check and an FBI fingerprint screening will be performed on individuals applying for certain positions which require unescorted access to the airport operating area. Applicants unable to successfully complete this process will not be considered for employment.

1. Have you ever been convicted of a crime, entered a plea of nolo contendere (no contest) to a crime, had adjudication withheld or received a suspended sentence (regardless of the ultimate adjudication) for a crime? Yes___ No___

Please state particulars: Charge: _____

Date: _____ Disposition: _____ Sentence: _____

2. Are you now on probation? Yes___ No___ Probationary period: From: _____ To: _____

3. Have you ever been sued for causing the death of, or injury to any person or damage to any property, i.e., for assault, battery, etc.?
 Yes No If yes: date(s) _____ Please explain the nature of the claims in the lawsuit(s) and disposition(s)

Note: A "yes" answer to questions 1 through 3 will not necessarily disqualify you from employment. The nature, severity, and date of the offense(s) or incident(s) will be considered in relation to the position for which you are applying.

Name: _____

ONLY COMPLETE QUESTIONS IN THIS BOX IF APPLYING FOR A POSITION THAT REQUIRES A DRIVER'S LICENSE.

- Do you have a Florida driver's license? Yes ____ No ____
Valid driver's license from another state? Please specify: _____
- Have you had a traffic violation in the last 3 years? Yes ____ No ____
Please explain: _____
- Has your driver's license ever been suspended or revoked? Yes ____ No ____
For what reason? _____

EMPLOYMENT RECORD

Please complete starting with present or most recent employer. Include summer employment and military experience; indicate honorable or dishonorable discharge. For any unemployed, self-employed, or retirement periods, show dates and locations. Provide all information requested on application. Resumes **CANNOT** be used in place of completing this section. All employer related information requested must be furnished for the last TEN (10) years including gaps in employment. If you need additional space, please use an Employment Record Supplement form.

PRESENT EMPLOYER (If currently employed) *		JOB TITLE:		
ADDRESS:		REASON FOR LEAVING:		
CITY & STATE TELEPHONE # :		FROM:	TO:	SALARY:
SUPERVISOR:			NUMBER OF EMPLOYEES YOU SUPERVISED:	
DUTIES:				

*DOES YOUR PRESENT EMPLOYER KNOW YOU ARE CURRENTLY SEEKING OTHER EMPLOYMENT? YES ____ NO ____

EMPLOYER (2)		JOB TITLE:		
ADDRESS:		REASON FOR LEAVING:		
CITY & STATE TELEPHONE # :		FROM:	TO:	SALARY:
SUPERVISOR:			NUMBER OF EMPLOYEES YOU SUPERVISED:	
DUTIES:				

EMPLOYER (3)		JOB TITLE:		
ADDRESS:		REASON FOR LEAVING:		
CITY & STATE TELEPHONE # :		FROM:	TO:	SALARY:
SUPERVISOR:			NUMBER OF EMPLOYEES YOU SUPERVISED:	
DUTIES:				

Name: _____

EMPLOYER (4)	JOB TITLE:		
ADDRESS:	REASON FOR LEAVING:		
CITY & STATE TELEPHONE # :	FROM:	TO:	SALARY:
SUPERVISOR:	NUMBER OF EMPLOYEES YOU SUPERVISED:		
DUTIES:			

EMPLOYER (5)	JOB TITLE:		
ADDRESS:	REASON FOR LEAVING:		
CITY & STATE TELEPHONE # :	FROM:	TO:	SALARY:
SUPERVISOR:	NUMBER OF EMPLOYEES YOU SUPERVISED:		
DUTIES:			

EMPLOYER (6)	JOB TITLE:		
ADDRESS:	REASON FOR LEAVING:		
CITY & STATE TELEPHONE # :	FROM:	TO:	SALARY:
SUPERVISOR:	NUMBER OF EMPLOYEES YOU SUPERVISED:		
DUTIES:			

EMPLOYER (7)	JOB TITLE:		
ADDRESS:	REASON FOR LEAVING:		
CITY & STATE TELEPHONE # :	FROM:	TO:	SALARY:
SUPERVISOR:	NUMBER OF EMPLOYEES YOU SUPERVISED:		
DUTIES:			

Do you have objections to your past or present employer(s) being contacted? Yes ____ No ____

If yes, indicate which employer(s) and why. _____

Name: _____

PERSONAL REFERENCES

Please give three references (not relatives or employers) who have known you well for at least five years, preferably the last five years. If any of these persons are retired, please give their former occupations.

1. _____
Complete name Relationship

Complete address
Phone number: _____ Number of years acquainted _____ Occupation: _____

2. _____
Complete name Relationship

Complete address
Phone number: _____ Number of years acquainted _____ Occupation: _____

3. _____
Complete name Relationship

Complete address
Phone number: _____ Number of years acquainted _____ Occupation: _____

TOBACCO/SMOKING PRODUCTS AFFIDAVIT

The Sarasota Manatee Airport Authority does not employ individuals who now use or have used tobacco/smoking products within the last twelve (12) months.

Tobacco/smoking products include common smoke-producing materials such as cigarettes, cigars, pipes, hookahs, etc., as well as smokeless tobacco such as snuff, chew-gutka, garda, betel quid, etc. It also covers electronic cigarette (or e-cigarette), personal vaporizer (PV) or nicotine delivery system (ENDS).

I, _____, do hereby affirm that I have not been a user of tobacco/smoking products (as defined above) within the last twelve (12) months immediately preceding my application for employment with the Sarasota Manatee Airport Authority. If hired, as a condition of employment with the Sarasota Manatee Airport Authority, I will remain tobacco/smoking products free. Failure to remain tobacco/smoking products free is cause for termination.

Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

Applicant Signature

Date

Name: _____

VETERANS' PREFERENCE

Preference in appointment to certain positions is extended to certain eligible veterans, spouses and eligible relatives of veterans. Veterans' Preference is only provided where a veteran has been honorably discharged from military service. Veterans' Preference is only available to Florida residents. Check the appropriate box if you desire to claim Veteran's Preference as:

A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense; OR

The spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power; OR

A veteran who has served on active duty for one (1) day or more during a wartime period, excluding active duty for training, and who was discharged under honorable condition; OR

A veteran who served honorably but has **not** met the criteria for the award of a campaign or expeditionary medal for service in Operation Enduring Freedom or Operation Iraqi Freedom, qualifies for preference in appointment, effective July 1, 2007. the service dates are defined as follows:
Operation Enduring Freedom October 7, 2001 to date to be determined
Operation Iraqi Freedom March 19, 2003 to date to be determined; OR

Disabled veterans who have served on active duty in any branch of the Armed Forces and who presently have an existing service-connected disability which is compensable under public laws administered by the DVA or are receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the DVA and the Department of Defense.

The spouse of a veteran:

- a) Who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or
- b) Who is missing in action, captured in line of duty by a hostile force, or detained or interned in line of duty by a foreign government or power.

A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training or who has been awarded a campaign or expeditionary medal.

The war-time periods are defined as follows:

- Vietnam Era: February 28, 1961 to May 7, 1975
- Persian Gulf War: August 2, 1990 to January 2, 1992
- Operation Enduring Freedom: October 7, 2001 to date to be determined
- Operation Iraqi Freedom: March 19, 2003 to date to be determined
- Operation New Dawn: September 1, 2010 to date to be determined

The unmarried widow or widower of a veteran who died of a service-connected disability.

The mother, father, legal guardian, or unmarried widow of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense.

A veteran as defined in section 1.01m (14) Florida Statutes. "Active Duty for Training" may not be allowed under this paragraph. The term "veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions.

A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

The mother, father, legal guardian or unremarried widow or widower of a service member veteran who died of a service-related disability as a result of military service under combat-related conditions as verified by the U.S. Department of Defense; OR

Any Armed Forces Expeditionary Medal, as well as the Global War on Terrorism Expeditionary Medal, are qualifying for Veterans' Preference.

Branch of service: _____

Date of entry: _____

Date of Honorable Discharge: _____

Note: Documentation of status (DD Form 214) is required BEFORE preference can be extended, and should be provided with this application, if possible, and no later than the closing date for applications for the position. Certain categories of preference may require additional documentation. You will be contacted if additional documentation is required.

If you feel that you are not afforded preference in consideration for appointment to positions with the Sarasota Manatee Airport Authority, you will have the right to request an investigation. To exercise this right, you must file a written complaint with the Florida Division of Veterans' Affairs, P.O. Box 31003, St. Petersburg, FL 33731. Such complaint must be filed within 21 calendar days from the date you receive notice of a hiring decision or within 3 months of the date the application is filed with the employer if no notice is given.

Name: _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The Sarasota Manatee Airport Authority is required by the Office of Federal Contract Compliance Programs to collect and maintain the information requested below for Affirmative Action reporting purposes. This information will be maintained separately from your application and will not be considered in the application evaluation process.

1. Position applied for: _____ Date: _____
2. Sex: Male Female
3. Date of birth: _____
4. Disabled: No Yes If yes, please specify: _____
5. Race: (Check only one)
 - Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
 - White** (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
 - Black or African American** (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
 - Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) – a person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
 - Asian** (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam.
 - American Indian or Alaska Native** (not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment).
 - Two or More Races** (Not Hispanic or Latino) – All persons who identify with more than one of the above races.

Name: _____

STATEMENT OF UNDERSTANDING AND RELEASE OF INFORMATION

1. The Sarasota Manatee Airport Authority (SMAA) is an EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER and maintains a drug/alcohol and tobacco/smoking products free workplace. The Airport Authority does not discriminate on the basis of race, color, marital status, religion, national origin, sex, pregnancy, age, veteran status, genetics, disability. If you feel you have been discriminated against, please report it to the SMAA Human Resources Department.
2. The Sarasota Manatee Airport Authority (SMAA) participates in E-Verify. Federal Law requires all employers to verify the identity & employment eligibility of all persons hired to work in the United States.
3. Your application will not be considered unless complete answers are provided to all questions on this application. Resumes may be submitted as supplements, but cannot be accepted in lieu of this application.
4. A material omission in, or falsification of, this application, your resume, or any other information provided by you at any time may be grounds for not employing you or dismissal after you begin work.
5. Nothing in this application or in the policies, rules, or regulations of the SMAA is intended to create a contractual relationship between the SMAA and any employee. The SMAA reserves the right to change its policies at any time. You will be required to adhere to all SMAA policies.
6. Federal law (Immigration Reform and Control Act of 1986) prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment eligibility and identity. Any offer of employment is contingent on your submission of satisfactory proof of your identity and your legal authorization to work in the United States. If you fail to submit this proof, federal law prohibits the SMAA from hiring you. In the event you have begun to work and are unable to submit this required information in a timely manner, your employment with the SMAA will be terminated.
7. Offers of employment are contingent upon successful completion of a medical questionnaire and/or a physical examination to determine your ability to perform the essential functions of the job you are seeking.
8. I CONSENT freely and voluntarily to submit to Drug/Alcohol testing and Tobacco/Smoking Product testing as required by and in accordance with SMAA policies and procedures. I understand that in the event I refuse to be tested, refuse to execute the Informed Consent (Testing/Release of Results) form, or test positive, I will be disqualified from further employment consideration or terminated.
9. I hereby give my permission to have my medical records released to the SMAA Executive Vice President, Chief Financial Officer or his/her designee at any time during my employment with the Airport Authority.
10. I understand that Florida Statute 119.07(1) designates that certain personnel and job records are public documents available for review by anyone requesting access.
11. To assist the SMAA in assessing my qualifications for the position for which I am applying, I hereby authorize the SMAA to seek information regarding my present and previous employment, licenses, certifications, educational records, references, and any other information provided (except where otherwise indicated). I hereby release the SMAA and any person or company who provides such information from any liability or damage which may result from furnishing requested information.

Applicant signature

Date signed

THIS STATEMENT MUST BE SIGNED AND DATED TO BE CONSIDERED FOR EMPLOYMENT

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(Fax) 941-359-5024
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