

Truckee Tahoe Airport District 10356 Truckee Airport Road Truckee, California 96161 Ph. (530) 587-4119 Fax (530) 587-2984

## **APPLICATION FOR EMPLOYMENT**

## **NOTICE TO JOB APPLICANTS**

The Truckee Tahoe Airport District (TTAD) considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, or any other legally protected status.

TTAD participates in a pre-employment controlled substance testing which requires a drug screen as a condition of employment. TTAD will pay for all pre-employment tests. Any and all conditional offer of pre-employment drug screens utilized shall be maintained in strict confidence and available only to those with a need to know. A positive test result will result in the withdrawal of the offer of employment.

## **INSTRUCTIONS**

- Please print or type and sign the application. The application is not valid unless signed.
- All questions on this application must be completed.
- Any Supplemental Questionnaire, if requested, shall be completed as appropriate for the position for which this application is submitted.
- You may attach a resume or any additional information you would like to volunteer about yourself which would assist your employment possibility.
- Deliver or mail application to TTAD at 10356 Truckee Airport Road, Truckee, CA; Fax to 530-587-2984 or email to sally.lyon@truckeetahoeairport.com

Positio	n(s) Applied For $\_$			Date of Application			
	Π	TAD only accepts applications for open posit	ions.				
How di	d you hear about t	this position?					
	Newspaper	Online Search	TTAD Website				
	Friend/Coworker	TTAD Employee	Other				
	Industry Classified (please specify)						

Applicant N	lame		
	F	irst Name, Middle Name, Last Name	
Mailing Add	dress		
J	F	PO Box/Street Address, City, State, Zip	
Physical Ad	dress		
	9	treet Address, City, State, Zip	
Home Phor	ne	Cell Phone	E-mail
		lawfully becoming employed in this countr or immigration status will be required upon employn	
Do you hav	e any relative	s employed by TTAD?	
Yes	No		
If yes, state	name of rela	tive:	-
Have you e	ver filed an ap	pplication with TTAD before?	
Yes	No		
If yes, provi	ide date:		_
Have you p	reviously bee	n employed by TTAD?	
Yes If yes, state	No e dates of emp	oloyment and position(s) held:	
If currently	employed, m	ay we contact your present employer?	
Yes	No	Not Applicable	
Explanatory	y Information	for Above:	
Driver's Lice	ense Number,	Class and State of Issuance	
Date availa	ble to start w	ork Minimum weekly	hours acceptable
Available to	o work: F	Full Time Part Time Temporary	,

EDUCATION High School Undergraduate College/University* Graduate/Professional*  School Name and Location Highest Year Completed 9 10 11 12 1 2 3 4 1 2 3 4  Describe Course of Study Describe any specialized training, apprenticeship, skills and extracurricular activities. Describe any honors or degrees you have received State any additional information you feel may be helpful to us in considering your application.  **Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed.  ist professional, trade, business or civic activities and offices held.  You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status.  **Idease indicate level of proficiency with following:	ime	Address			Phone No.		I	Relation	ship	C	)rganiz	ation 8	Title
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Adobe Acrobat WindowsInternet Web Development Software										_			
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Please list all previous employment in the last ten years, starting with your current or most recent job. Include military service assignments. Attach additional sheets as necessary. Please explain any time lapses. **CURRENT/MOST RECENT** Employer Name Address and Phone Number Type of Business Direct Supervisor's Name Title and Duties of Position Starting and Ending Monthly Salary Employed from Mo/Year to Mo/Year Reason for Leaving or Still Employed **Employer Name** Address and Phone Number Type of Business Direct Supervisor's Name Title and Duties of Position Starting and Ending Monthly Salary Employed from Mo/Year to Mo/Year Reason for Leaving or Still Employed **Employer Name** Address and Phone Number Type of Business Direct Supervisor's Name Title and Duties of Position Starting and Ending Monthly Salary Employed from Mo/Year to Mo/Year Reason for Leaving or Still Employed

Summarize special job-related skills and quali	fications acquired from employment or other experience.
authorize the Truckee Tahoe Airport District to inv or misrepresentation of facts may be grounds for r I may be required to pass a drug test and medical e	pplication are true and complete to the best of my knowledge and belief. I hereby restigate any information I have given herein, with the understanding that omission ejection of the application or dismissal from employment. I further understand that examination, be subject to a background investigation and credit check if applicable in. I understand that I will be required to submit proof of my identity and legal right ployment.
Signature of Applicant	Date
Application is not valid unless	signed.