



SAVANNAH AIRPORT COMMISSION
 Savannah/Hilton Head International Airport
 400 Airways Avenue
 Savannah, GA 31408-8000

AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, political affiliation, age disability, marital status, family responsibilities, military obligations or other non-merit factors.

Read job announcement carefully. Complete this application accurately and legibly. False, incorrect, incomplete, misleading statements may disqualify you for employment with the Savannah Airport Commission.

Exact title of the position for which you are applying. <i>Application will only be processed for current vacancy.</i>	Date
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NAME _____
 (Last) (First) (Middle Initial) (Social Security No.)

ADDRESS: _____
 (Street Address) (City) (State) (Zip)

HOME PHONE NO. (____) _____ ALTERNATE PHONE NO. (____) _____

Drivers License: State _____ Type _____ Expiration Date _____

Within three (3) days of employment can you submit verification of your legal right to work in the United States?
 YES _____ NO _____

Do you have a High School Diploma or a General Education Development (GED) Certificate: YES _____ NO _____

COLLEGE OR UNIVERSITY ADDRESS	DATES FROM TO	SEM. HOURS EARNED	QTR. HOURS EARNED	MAJOR	DEGREE EARNED

TRADE OR TECHNICAL SCHOOL	DATES FROM TO	TOTAL NUMBER OF CLASSROOM HOURS TAKEN	SUBJECT(S) STUDIED	CERTIFICATE OF COMPLETION EARNED?

Have you ever been convicted of a felony*, or within the last 24 months a misdemeanor* which resulted in imprisonment?
 If yes, please explain on a separate sheet of paper. YES _____ NO _____

Have you ever been convicted of a traffic violation*? YES _____ NO _____
 If yes, give date, nature of offense, name and location of court, and the penalty or Disposition of the case or cases _____

**Past convictions will not automatically exclude an applicant from employment. The relationship of the crime to the position applied for will be taken into consideration.*

Current valid professional registrations, licenses or certificates you hold:

Type of License or Registration	Issuing State	Registration Number	Expiration Date

Were you in the U.S. Military Service? Yes ____ No ____ Give Branch of Service _____

Have you ever been dismissed or asked to resign from any job? Yes ____ No ____ If yes, please explain: _____

List two references, **do not list persons related to you. Do not include past or present employers.**

(Name, Address and Telephone Number)

(Name, Address and Telephone Number)

RESUMES WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR COMPLETING THIS SECTION.

Instructions: Be specific and complete. The information provided will be used to determine if you meet the minimum qualifications.

Applicants are required to list all previous employment since the age of 18 beginning with the most recent experience. Applications will not be considered unless the complete and correct requested information and phone number and fax number for the last 7 years of employment and any schools attended are included on the application. **Explain any gaps between employment.** Failure to explain any gaps in employment will be justification for your disqualification from the selection process. Use additional sheets if necessary.

APPLICANTS WHO REQUIRE SPECIAL ACCOMODATIONS FOR TESTING ARE REQUIRED TO NOTIFY US 48 HOURS PRIOR TO SCHEDULED TESTING.

Name of Employer		Type of Business	
Address		Telephone ()	
Reason for Leaving		FAX ()	
		Name of Supervisor	
		May we contact now? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Your job title	Employed From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____	Hrs. Per Week	Last Salary

Major duties and responsibilities:

Name of Employer		Type of Business	
Address		Telephone ()	
Reason for Leaving		May we contact now? YES <input type="checkbox"/> NO <input type="checkbox"/>	FAX () Name of Supervisor
Your job title	Employed From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____	Hrs. Per Week	Last Salary
Major duties and responsibilities:			

Name of Employer		Type of Business	
Address		Telephone ()	
Reason for Leaving		May we contact now? YES <input type="checkbox"/> NO <input type="checkbox"/>	FAX () Name of Supervisor
Your job title	Employed From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____	Hrs. Per Week	Last Salary
Major duties and responsibilities:			

Name of Employer		Type of Business	
Address		Telephone ()	
Reason for Leaving		May we contact now? YES <input type="checkbox"/> NO <input type="checkbox"/>	FAX () Name of Supervisor
Your job title	Employed From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____	Hrs. Per Week	Last Salary
Major duties and responsibilities:			

I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT, OR IF HIRED, TERMINATION OF EMPLOYMENT. ANY LATER DISCOVERED OMISSION OF FACTS FROM THE APPLICATION, NOT JUST MISREPRESENTATIONS, ARE GROUNDS FOR IMMEDIATE TERMINATION. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMMISSION.

I UNDERSTAND THIS APPLICATION DOES NOT CREATE AN EMPLOYMENT CONTRACT, EITHER EXPRESSED OR IMPLIED, WITH THE SAVANNAH AIRPORT COMMISSION. EMPLOYMENT AT THE SAVANNAH AIRPORT COMMISSION IS ON AN "AT-WILL" BASIS AND IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OR METHOD OF PAYMENT OF WAGES OR SALARY, BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE. OTHER THAN THE EXECUTIVE DIRECTOR OF THE SAVANNAH AIRPORT COMMISSION, NO SUPERVISOR, MANAGER, OR OTHER PERSON, IRRESPECTIVE TO TITLE OR POSITION, HAS AUTHORITY TO ALTER THE AT-WILL STATUS OF YOUR EMPLOYMENT OR TO ENTER INTO ANY EMPLOYMENT CONTRACT FOR A DEFINITE PERIOD OF TIME WITH YOU. ANY AGREEMENT WITH YOU ALTERING YOUR AT-WILL EMPLOYMENT STATUS MUST BE IN WRITING AND SIGNED BY THE EXECUTIVE DIRECTOR OF THE SAVANNAH AIRPORT COMMISSION.

I CERTIFY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature (do not print) _____ Date _____

Please list any other names you have used for employment purposes: _____

This application is valid for six (6) months

REFERENCE WAIVER

I HERBY GRANT PERMISSION FOR THE SAVANNAH AIRPORT COMMISSION TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

I UNDERSTAND AND AGREE TO RELEASE THE SAVANNAH AIRPORT COMMISSION AND ITS TRUSTEES, DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, PARENTS, SUBSIDIARIES, AFFILIATED CONCERNS, PREVIOUS EMPLOYERS, SCHOOLS, OR ANY PERSON OR PERSONS FROM ANY LEGAL LIABILITY, CLAIMS, DEMANDS, DAMAGES, AND CAUSES OF ACTION OF EVERY KIND AND NATURE ARISING OUT OF, OR RESULTING FROM OR IN CONNECTION WITH, SUBMITTING TO THE EMPLOYMENT HISTORY VERIFICATION AND FINGERPRINT-BASED CRIMINAL HISTORY CHECK, AND ANY DECISION CONCERNING EMPLOYMENT MADE BY THE SAVANNAH AIRPORT COMMISSION, IN WHOLE OR IN PART, BASED UPON THE RESULTS OF SUCH CHECKS.

Please Print First Name

Middle Initial

Last Name

Social Security Number

SIGNATURE

DATE

DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING PROCUREMENT OF A CONSUMER REPORT

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment.

PLEASE PRINT

Applicant's Name: _____

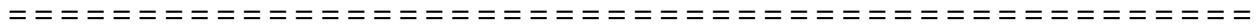
Applicant's Address: _____

City/State/Zip Code: _____

Signature: _____

Social Security Number: _____

SURVEY DATA



The following information is requested on a voluntary basis:

JOB APPLYING FOR: _____

1. Name: _____

Social Security Number: _____

Date of Birth: _____ Age: _____

Place of Birth: _____

2. Sex: _____

3. Race: Are you Hispanic or Latino _____ Yes _____ No

If your answer to the question above was NO please identify your race:

_____ White _____ Black or African American

_____ Native Hawaiian or Pacific Islander _____ Asian

_____ American Indian or Alaskan Native _____ Two or more races

4. Address: _____

5. If you are an applicant with a known disability as defined under the American with Disabilities Act and you will need accommodation in the examination or interview process, you must request this accommodation no later than 48 hours prior to the exam or interview.

Signature

Date

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

* You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance or employment – must tell you, and give you the name, address and phone number of the CRA that provided the consumer report.

* You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

* You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

* Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

* You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

* Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

* Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

* Your consent is required for reports that are provided to employers or reports that contain medical information. A CRA may not give out information about you to your employer or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

* You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

* You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA. For Questions or Concerns regarding:

CRA's, creditors and others not listed below

Federal Trade Commission
Consumer Response Center – FCRA
Washington, DC 20580
202-326-3761

National banks, federal branches/agencies
Of foreign banks (word “National” or
Initials “N.A.” appear in or after bank’s
Name)

Office of the Controller of the Currency/Compliance Management
Mail Stop 6-6
Washington, DC 20219
800-613-6743

Federal Reserve System member banks
(except national banks, and federal
branches/agencies of foreign banks)

Federal Reserve Board
Consumer and Community Affairs
Washington, DC 20551
202-452-3693

Savings associations and federally
Chartered savings banks (words “Federal”
Or initial “F.S.B.” appear in federal
Institution’s name)

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552
800-842-6929

Federal credit unions (words “Federal
Credit Union” appear in institution’s
Name)

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22134
703-518-6360

State-chartered banks that are not
Members of the Federal Reserve System

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429
800-934-FDIC

Air, surface or rail common carriers
Regulated by former Civil Aeronautics
Board or Interstate Commerce Commission

Department of Transportation
Office of Financial Management
Washington, DC 20590
202-366-1306

Activities subject to the Packers and
Stockyards Act, 1921

Department of Agriculture
Office of Deputy Administrator – GIPSA
Washington, DC 20250
202-720-7051

EMPLOYMENT SCREENING PROGRAM

The Savannah Airport Commission requires each applicant to provide at least a seven (7) year history. The Commission will conduct an employment verification check utilizing the submitted information. Failure to provide the requested information will be reason for your disqualification for the selection process. Failure to explain any gaps in employment will be reason for your disqualification from the selection process.

List employment history (including military service and applicable volunteer experience) for the last seven (7) years. Begin with your most recent experience.

List all experience, regardless of date, which demonstrates that you meet the minimum requirements for the position for which you are applying.

I understand that, as a condition of employment at the Savannah Airport Commission I will be required to submit to a fingerprint-based criminal history check.

I understand that at the time of employment, and as a condition of employment, two valid forms of identification must be presented to the Commission (one of the I.D.s must be a photo I.D.)

I further understand and agree to release the Savannah Airport Commission and its trustees, directors, officers, agents, employees, parents, subsidiaries, affiliated concerns, previous employers, schools, or any person or persons from any legal liability, claims, demands, damages, and causes of action of every kind and nature arising out of, or resulting from or in connection with, submitting to the employment history verification and fingerprint-based criminal history check, and any decision concerning employment made by the Savannah Airport Commission, in whole or in part, based upon the results of such checks.

I have read and understand the above information. I further understand that if this sheet is not signed and returned with the application, my application will be disqualified from further consideration.

**ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE
CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT
WITH THE SAVANNAH AIRPORT COMMISSION.**

Applicant's Name (Please Print)

Applicant's Signature

Date

PRE-PLACEMENT AND RANDOM DRUG TESTING

The Savannah Airport Commission has a vital interest in maintaining safe, healthful and efficient working condition for its customers, clients, and employees. Using or being under the influence of drugs and/or alcohol on the job may pose serious safety and health risks not only for the user, but also to the public and to all those who work with the user. The possession, use or sale of an illegal drug or controlled substance may also pose unacceptable risks to safe, healthful and efficient operations.

To meet this compelling interest, individual who wish to be considered for employ must agree to Pre-Placement Drug Testing as a condition of employment ad provided for in the Savannah Airport Commission Drug and Alcohol Policy.

I understand and agree to submit to drug and alcohol testing during the course of employment as provided for in the Savannah Airport Commission Drug and Alcohol Policy.

I further understand and agree to release the Savannah Airport Commission and its trustees, directors, officers, agents, employees, parents, subsidiaries, affiliated concerns, previous employers, schools, or any person or persons from any legal liability, claims, demands, damages, and causes of action of every kind and nature arising out of, or resulting from or in connection with, submitting to drug and alcohol testing and any decision concerning employment made by the Savannah Airport Commission, in whole or in part, based upon the results of drug and alcohol testing.

I have read and understand the above information. I further understand that if this sheet is not signed and returned with the application, my application will be disqualified from further consideration.

**ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE
CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT
WITH THE SAVANNAH AIRPORT COMMISSION.**

Applicant's Name (Please Print)

Applicant's Signature

Date