



**EMPLOYMENT APPLICATION**  
Louisville Regional Airport Authority  
Human Resources Department  
P.O. Box 9129  
Louisville, KY 40209-0129  
(502) 368-6524

PLEASE PRINT

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_ How Long? \_\_\_\_\_  
No. & Street City State Zip

Last Prior Address \_\_\_\_\_ How Long? \_\_\_\_\_  
No. & Street City State Zip

Telephone No. ( ) \_\_\_\_\_ Other Tel. No. ( ) \_\_\_\_\_

In case of accident or emergency, whom should we notify?

(Name) (Telephone No.) (Address) (Relationship)

POSITION APPLYING FOR \_\_\_\_\_

Have you worked for the LRAA before? \_\_\_\_\_ If yes, give dates, location, and reason for leaving \_\_\_\_\_

Do you have any relatives working for the LRAA? \_\_\_\_\_ If yes, give name(s) \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, what date did you leave your last place of employment? \_\_\_\_\_

Are you on layoff subject to recall?  Yes  No If hired, when could you start work? \_\_\_\_\_

**GENERAL INFORMATION**

Are you legally eligible for employment in the United States?  Yes  No (Proof of U.S. Citizenship or immigration will be required upon employment.)

Have you ever been convicted of a felony?  Yes  No If yes, identify offense and year \_\_\_\_\_  
(Conviction of a felony will not necessarily disqualify you for employment)

**SKILLS--Office, Clerical and Administrative**

Typing Speed \_\_\_\_\_ WPM What experience do you have with computer applications? \_\_\_\_\_

List other office machines you can operate \_\_\_\_\_

**SKILLED TRADES/GENERAL LABOR:**

List any equipment, tools, machines, etc. you can operate/maintain: \_\_\_\_\_

**EMPLOYMENT HISTORY**

(Begin with your current employer)

1. Name and Address of Employer:	From/To	Job Title:	Salary/Wage
		Duties:	Starting
			_____
			Ending
			_____
Supervisor:		Reason for Leaving:	
2. Name and Address of Employer:	From/To	Job Title:	Salary/Wage
		Duties:	Starting
			_____
			Ending
			_____
Supervisor:		Reason for Leaving:	
3. Name and Address of Employer:	From/To	Job Title:	Salary/Wage
		Duties:	Starting
			_____
			Ending
			_____
Supervisor:		Reason for Leaving:	
4. Name and Address of Employer:	From/To	Job Title:	Salary/Wage
		Duties:	Starting
			_____
			Ending
			_____
Supervisor:		Reason for Leaving:	

May we contact the employers listed above?  Yes  No

Were you in the U.S. Military Service?  Yes  No If so, what branch? \_\_\_\_\_

Length (years) of Military Service \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Education	High School	Undergraduate College/University/Vocational/Technical	Graduate
School Name			
Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3
Diploma/Degree			
Course of Study			
Describe any specialized training, apprenticeship, skills, etc.			

**OTHER INFORMATION**

List any additional information pertaining to position applied for that you would like us to consider.

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**LICENSES, CERTIFICATES OR ACCREDITATIONS:** Please list any current licenses, certificates or accreditations you may have that would pertain to the job for which you are applying.

Trade or Profession	License Number	Original Issue Date	Name of Licensing Agency

**REFERENCES**

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	( ) -	
	( ) -	
	( ) -	

How did you learn of this position with the LRAA?

- Newspaper       Job Posting       Intranet  
 Job Website       Employee Referral       Internet  
 Other

**ACKNOWLEDGEMENT**  
(Read carefully before signing)

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Under the Employment at Will rule, employees and employers both retain their right to terminate the employment relationship at any time, for any reason, without incurring legal liability to the other. Accordingly, all employees of the LRAA are employed on a Terminable at Will basis.

I specifically authorize and direct any and all departments or agencies of government, whether federal, state or local, including any and all law enforcement agencies, to accept this, or a photostat reproduction thereof, as my authorization to release information to the Louisville Regional Airport Authority or its agent or designees, information concerning me, including, but not limited to records of my arrest or detention, military personnel records, records of licensure or registration and any and all applications, background reports, or regulatory files kept or received in connection with such licensure or registration, or any other information pertaining to me as though such information were being released to me.

I understand that investigation of me may touch upon, or include requests for information concerning my character, credit, personal habits and associates now, or in the past. I further understand that information about me may be reviewed, re-evaluated or updated from time to time.

This application is current for 1 year. Any applicant wishing to be considered for employment beyond this time period should contact Human Resources.

Public Law 100-690, the Drug-Free Workplace Act of 1988 requires the Airport Authority to provide and maintain a drug-free workplace. I understand that a physical examination, including a pre-employment drug test, will be required after an offer of employment is made. Any offer of employment is contingent upon a successful physical and drug test.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

**FOR HUMAN RESOURCES DEPARTMENT ONLY**

Interviewed  Yes  No Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

Offer Made  Yes  No Date Accepted \_\_\_\_\_ Date Declined \_\_\_\_\_

Job Title \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Department \_\_\_\_\_ Shift \_\_\_\_\_ Start Date \_\_\_\_\_

Pre-Employment Physical (Date)

By \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Representative

NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicants for all positions are considered without regard to race, color, sex, religion, national origin, age, marital status, veteran status, disability or any other legally protected status.

**EQUAL OPPORTUNITY EMPLOYER**