

Rochester Airport Company

EMPLOYMENT APPLICATION



Please complete the following Employment Application. Once completed, please submit your application to:

**Airport Administration
Rochester International Airport
7600 Helgerson Drive SW
Rochester, MN 55902**

**For in person deliveries the Airport Administration offices are located on the 2nd floor of the main passenger terminal.
Airport Administration office hours are 8:00 am to 4:30 pm, Monday through Friday, except for holidays.**

EMPLOYMENT CONDITIONS

Thank you for considering the Rochester Airport Company as a potential employer. Before completing the Employment Application, we wish to emphasize several points. Please check the box next to each statement and sign where indicated to acknowledge your understanding.

- The Rochester Airport Company is an equal employment opportunity employer which selects the individual it feels is the best match for the job based on job-related qualifications, and regardless of race, color, creed, sex, national origin, religion, age, disability, or other protected group status.
- No applicant is officially considered an employee of this company until and unless he/she receives a letter, signed by a company official, confirming employment and the conditions of employment.
- When conditions warrant, other management personnel may be given authorization to confirm employment for a brief, interim period.
- Employment with the Rochester Airport Company is based on the “at will” doctrine, meaning that either the employee or the employer may terminate the employment relationship at any time and for any reason.
- The Rochester Airport Company has an anti-harassment policy that states that harassment of any kind will not be tolerated in the workplace, and that any and all complaints of harassment will be investigated fully, fairly, and quickly, and will be decisively resolved.
- Only the Airport Manager has the authority to enter into an agreement for employment; oral modifications to either employment-at-will status or to an existing hiring agreement are not valid. Should you be hired, any offers made by your supervisor are valid only if they have been approved by the Airport Manager, in writing.
- Dishonesty in the completion of the employment application will cause it to be considered invalid. Should the dishonesty become known in the future, regardless of how much time has passed, it may be considered grounds for immediate termination.
- Although an employee’s rate of compensation may be expressed in a specific time frame (i.e., \$30,000 per year or \$2,000 per month), the term “year” and “month” are not to be construed as a guarantee of employment for that period of time.
- The first part of the Employment Application is for personal identification only. The questions listed are not intended to ask for information that could be labeled as discriminatory.
- In an attempt to be fair, the Employment Application is designed to only request information that will help in determining personal identification; job-related skills, qualifications, and abilities; work history and reliability; and education.
- Company management wants to make it clear that only written policies are binding. Regardless of what, and by whom, an employee may be told, *only written policies are binding*.
- If you are offered and accept a position with the Rochester Airport Company, you will be required to complete a supplemental information application, which requests additional information such as your race, sex, etc. The information on this form will not be considered in any employment decisions; it is needed for various record-keeping requirements to state and federal agencies and insurance companies to ensure we are practicing, or engaging in, affirmative action.
- The Rochester Airport Company reserves the right to have employees submit to a drug test by a designated laboratory, based on cause and/or the occurrence of a workplace accident or incident, should it feel

that a test is warranted and necessary. Your continued participation from this point forward gives your consent for such a test.

You will have access to the Employee Handbook at any time.

By checking off the box next to each of the prior paragraphs, I realize that I am acknowledging my understanding of their content, and agree to abide by the spirit and intent of each paragraph.

Applicant Signature: _____

Date: _____

Please print in ink (preferably black) or use typewriter

Number of attachments _____

Rochester Airport Company

An Equal Opportunity Employer

Application for Employment



Please submit completed application to Airport Administration, located on the 2nd floor of the main passenger terminal at 7600 Helgerson Drive SW, Rochester, MN

Employees of the Rochester Airport Company and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for _____
(one per application)

2. Social Security No. _____
(Note: Completion of number two is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

3. Full legal name _____
Last First Middle

5. Home Phone () _____

4. Address _____
City State Zip

6. Business Phone () _____

7. E-mail Address _____

8. EDUCATION

a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

b. If you did not complete high school, do you have a high school equivalency diploma? Yes No

c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

9. EXPERIENCE — Use additional blank paper for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time Part-time Hours/week Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time Part-time Hours/week Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____
 Typing speed _____ words per minute. Shorthand speed _____ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.
 Type License Number Granted by (licensing board)

10. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

11. **MISCELLANEOUS**

a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____
 b. Check which job status you will accept: Full-time Part-time (specify) _____
 c. Check which employment status you will accept: Salaried Hourly Part-time salaried (leave benefits only)
 d. Are you willing to accept employment which requires you to travel? No Yes. If yes, During the day only,
 Occasionally overnight, Frequently overnight.
 e. Are you willing to provide your own transportation if necessary for your employment? Yes No.
 f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
 g. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the following:
 Description of offense: _____
 Statute or ordinance (if known): _____ Date of Charge: _____ ; Date of Conviction _____
 County, City, State of Conviction: _____
 (For additional convictions use plain paper. Include all information listed above.)

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 _____ Month _____ Day _____ Year

13. **CERTIFICATION--Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Commonwealth of Virginia. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ **Applicant Signature** _____