



APPLICATION FOR EMPLOYMENT

TICO AIRPORT AUTHORITY
355 Golden Knights Blvd.
Titusville, Florida 32780
Phone: 321-267-8780
Fax: 321-383-4284

Date: _____

Name: _____
(Last) (First) (Middle)

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

Home Phone Number: _____ Social Security Number: _____

Are You **Legally** Eligible For
Work In The United States? ____ Yes ____ No

Are You **18 Years**
or Older? ____ Yes ____ No

Position Applied For: _____ How Were You Referred? _____

Have You Ever Applied To This Company Before? ____ Yes ____ No If So, When? _____

Date You Can Start: _____ Salary Desired: _____ Are You Able To Work: Full Time _____ Part Time _____ Temporary _____

Are You Currently
Employed? ____ Yes ____ No

If Yes, May We Contact Your
Present Employer? ____ Yes ____ No

List Any Reasons You Could Not Perform Duties Of The Job You Are Applying For:

Please List Any Additional Information Relating To Your Ability Performing In The Position Applied For:

[Include Any Special Training; Machine Operations; Hobbies; Languages; Volunteer Work; Etc....]

Have You Served
In The Armed Forces? ____ Yes ____ No

If Yes, Which Branch? _____
Rank At Time Of Discharge? _____

Have You Ever Been Convicted Of A Felony? ____ Yes ____ No

If Yes, Please Explain:

In Case Of An Emergency, Notify:

(Name)

(Phone)

(Relationship)

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED/DEGREE EARNED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS/ CORRESPONDENCE SCHOOL				

Please List Your Last Three Employers Starting With Your Most Recent:

Company Name:	Supervisor:	Phone:
Address:	City:	State: Zip:
Employed From: To:	Beginning Salary:	Ending Salary:
Job Title & Description of Duties:		
Reason For Leaving:		

Company Name:	Supervisor:	Phone:
Address:	City:	State: Zip:
Employed From: To:	Beginning Salary:	Ending Salary:
Job Title & Description of Duties:		
Reason For Leaving:		

Company Name:		Supervisor:	Phone:
Address:		City:	State: Zip:
Employed From:	To:	Beginning Salary:	Ending Salary:
Job Title & Description of Duties:			
Reason For Leaving:			

REFERENCES: LIST THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME: _____ BUSINESS: _____ PHONE: _____

STREET ADDRESS: _____ CITY: _____ STATE & ZIP: _____

NAME: _____ BUSINESS: _____ PHONE: _____

STREET ADDRESS: _____ CITY: _____ STATE & ZIP: _____

NAME: _____ BUSINESS: _____ PHONE: _____

STREET ADDRESS: _____ CITY: _____ STATE & ZIP: _____

**APPLICANT CERTIFICATION – READ CAREFULLY BEFORE
SIGNING:**

I HEREBY CERTIFY THAT ALL ANSWERS TO THE QUESTIONS HEREIN ALONG WITH ALL OTHER INFORMATION FURNISHED IS TRUE AND CORRECT. I FURTHER CERTIFY THAT ALL SUCH ANSWERS AND INFORMATION CONSTITUTES FULL AND COMPLETE DISCLOSURE OF MY KNOWLEDGE WITH RESPECT TO THE QUESTIONS OR SUBJECT MATTER. I UNDERSTAND THAT ANY DISQUALIFICATION OR DISCHARGE AT ANY TIME, IF EMPLOYED BY TICO AIRPORT AUTHORITY, I AGREE TO COMPLY WITH ALL ITS ORDERS, RULES AND REGULATIONS. I HEREBY AUTHORIZE MY FORMER EMPLOYERS, SCHOOLS AND CHARACTER REFERENCES TO GIVE ANY INFORMATION REGARDING MY EMPLOYMENT AND TO FURNISH ANY OTHER INFORMATION THEY MAY HAVE CONCERNING ME. I UNDERSTAND THAT PRE-EMPLOYMENT DRUG SCREENING WILL BE CONDUCTED.

DATE: _____ SIGNATURE OF APPLICANT: _____

PRINTED NAME: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS:

HIRED: ____ Yes ____ No POSITION: _____ START DATE: _____ PAY RATE: ____

APPROVED BY:

EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

DATE: _____