



GREATER ORLANDO AVIATION AUTHORITY

INSTRUCTIONS FOR COMPLETING EMPLOYMENT APPLICATION FORM

Your application is the first step in the process of obtaining employment with the Greater Orlando Aviation Authority. PLEASE READ ALL INSTRUCTIONS CAREFULLY AND COMPLETE ALL STATEMENTS TO THE BEST OF YOUR KNOWLEDGE. Please PRINT in ink or use a typewriter. Pencil is not acceptable.

The Greater Orlando Aviation Authority is an Equal Opportunity Employer and applicants will be considered without regard to race, color, religion, age, sex, disability, national origin, or marital status. Persons with a disability requiring an accommodation for testing, when applicable, must contact (407) 825-2625 to schedule an appointment or notify a Human Resources Representative at time of application submission.

1. APPLICATION FOR EMPLOYMENT:

I. Personal Data:

- Double check Social Security card for accuracy in printing number.
- If HIRED, you will be REQUIRED to furnish proof of your birth date and social security number.
- Address should be correct mailing address and a phone number should be included. If you do not have a home phone, please include a phone number where you can be reached and/or a message taken.

II. Employment Data Questionnaire:

- Answer all questions completely.

III. Driver's License Data:

- Answer all questions completely.
- Please include all endorsements if any.
- Please include any traffic violations you have received within the last three (3) years.

IV. Educational and Training Data:

- Circle highest level of school completed.
- Be accurate in giving type of degree, major and minor, and semester/quarter hours.
- Any vocational training should also include the number of classroom hours.
- Indicate any additional skills (i.e. typing speed, languages, etc).

V. Military Service:

- Answer all questions, if applicable.

VI. Employment History:

- List all employment. Make sure you have *at least* the most recent ten (10) years of employment history.
- Please account for any gaps between employment over the ten (10) year period.
- Please give complete company address, phone number and name of immediate supervisor for all jobs listed.
- A resume may be attached, however, the application must be completed for employment history record.

VII. References and Signature:

- Please list two persons not related to you.
- Please read and initial each paragraph.
- Your signature must be included for the application to be valid.

2. VETERANS' PREFERENCE FORM

3. EEO RECORD KEEPING

4. CANDIDATE INFORMATION

5. DISCLOSURE

6. SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

7. GOAA POLICY ON THE COLLECTION AND DISSEMINATION OF SOCIAL SECURITY NUMBERS

8. ALL applicants selected for employment will be required to successfully pass a pre-employment physical examination which includes drug testing, background check and security badge process.

NOTE: All statements should be complete and accurate to the best of your knowledge. Falsification of information may result in rejection of the application or dismissal if you are employed by the Greater Orlando Aviation Authority.

Thank you for your interest in applying for employment with the Greater Orlando Aviation Authority.

APPLICATION AND EMPLOYMENT RECORD

GREATER ORLANDO AVIATION AUTHORITY

5855 Cargo Road, FL 32827-4399

(Please Type or Print In Ink)

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all Federal, State and Local laws prohibiting employment discrimination on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, or disability, except where a reasonable bona fide occupational qualification exists.

I. Please complete the following personal data questions:

NAME:	_____	_____	_____
	First	Middle	Last
ADDRESS:	_____		
	Number	Street	

	City	State	Zip
PHONE:	_____		
	Home	Business	Cell or Pager
Application for	_____		
	Position Title		
If required, can you work different shifts (e.g. early mornings, late nights, etc.) ?	Yes _____	No _____	
	Weekends?	Yes _____	No _____
Earliest Date Available for Employment	_____		
Minimum acceptable salary range	_____		
May we contact your present employer?	_____		

II. Please complete the following employment data questions:

1. Are you over age 18? _____	If no, age _____
2. Can you submit documentation verifying your identity and your legal right to work in the U.S.? _____	
3. Do you have any relative(s) employed by GOAA? _____	If yes, see #6.
4. Do you live with or have the same address as a current GOAA employee? _____	If yes, see #6.
5. Do you have any relatives working for another company at Orlando International or Orlando Executive Airports? _____	If yes, see # 6.
6. If yes in 3, 4 and/or 5 , list name(s), relation and business name _____	
7. Have you applied for employment with GOAA in the last six (6) months? _____	
	If yes, what position? _____
7. Have you ever been employed by GOAA? _____	If yes, when? _____
8. Have you ever been employed or attended school anywhere under another name(s)? _____	
	If yes, indicate name(s). _____

9. Have you ever pleaded guilty or nolo contendere (“no contest”) to, had adjudication withheld, or been convicted of a Misdemeanor or Felony (including convictions as the result of court marshal while in the Military)? Yes _____ No _____

If Yes, explain fully including date, place, charge, disposition _____

A conviction will not necessarily bar you from employment, but will be weighed on its own merit with respect to time, circumstances, seriousness, and the position for which you have applied.

III. Driver’s License:

1. Do you have a valid State of Florida Driver’s License? Yes _____ No _____

If no, do you have a valid Driver’s License from another state? Yes _____ No _____ State _____

2. Indicate applicable CDL endorsements:

_____ Combination Vehicles _____ Doubles/Triples _____ Tankers
 _____ Hazardous Materials _____ Air Brakes

3. Have you received any traffic violations in the last three (3) years? _____

If yes, indicate date, place, charge, and disposition _____

4. Have you ever had your driver’s license suspended or revoked? _____ Yes _____ No

If Yes, please explain fully _____

IV. Education and Training:

Circle last level of education completed:

Elementary and High School 1 2 3 4 5 6 7 8 9 10 11 12	College or University 1 2 3 4 Credit Hours _____	Graduate Schools 1 2 3 4 Credit Hours _____	Trade or Technical School Hours _____ Years _____
Name of School	City and State	Degree/Certification Received	Major/Minor

Please indicate any specialized training or office skills (typing speed, shorthand speed, computer software, equipment, languages, etc.) _____

V. Military Service:

Have you ever served in the Armed Forces? Yes _____ No _____ If Yes, Dates of Service _____

Type of Separation _____ Character of Separation _____

** If you are asserting Veteran’s Preference, please fill out the enclosed Application for Veteran’s Preference.

VI. Employment History:

List present and **all** positions held during the most recent **ten years. Indicate month and year.** (*Present employer first.*) Due to the Federal Aviation Authority regulations, it is required for all employees to account for all employment over the last ten (10) years. This also includes any timeframe that there was not employment. Please explain any gaps in employment history.

Employer _____ Kind of Business _____
Employer's Address _____ Phone # (____) _____
Position Held _____ Salary \$ _____ Name of Supervisor _____
Dates of Employment: From _____ To _____ Reason for leaving _____
Description of Duties _____

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Employer's Address _____ Phone # (____) _____
Position Held _____ Salary \$ _____ Name of Supervisor _____
Dates of Employment: From _____ To _____ Reason for leaving _____
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Employer's Address _____ Phone # (____) _____
Position Held _____ Salary \$ _____ Name of Supervisor _____
Dates of Employment: From _____ To _____ Reason for leaving _____
Description of Duties _____

VI. References: List two (2) persons, not related to you, who have knowledge of your character.

Name _____ Occupation _____
Address _____ Phone # (____) _____
Name _____ Occupation _____
Address _____ Phone # (____) _____

Please initial by each paragraph acknowledging that you have read and understand each statement listed below. If you have any questions regarding the following statements, please ask before signing.

_____ (Initial) The Greater Orlando Aviation Authority (the “Aviation Authority”) does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, martial status, or status within any other protected group. No questions on this application are intended to secure information to be used for such discrimination.

_____ (Initial) I hereby certify that the answers and statements given by me in this application are correct and without consequential omissions of any kind. I agree that a false statement or omission may result in the withdrawal of any employment offer or dismissal from employment resulting in this application. I agree that the Aviation Authority shall not be liable in any respect if my employment is terminated because of the falsity of statement, answers, or omissions made by me on this application.

_____ (Initial) I understand that all statements made by me in connection with my application for employment may be checked by the Aviation Authority. I understand that the Aviation Authority may obtain an investigative consumer report about me and I authorize all persons, corporations, or organizations and the Aviation Authority and their agents to release any and all records and information pertaining to my employment history, police record, education background, military service, driver’s license records or personal reputation and hereby release and indemnify all parties from liability for damage and agree to hold them harmless for providing this information. I also understand that I have the right to request additional information about the nature and scope of the investigative report about me that the Aviation Authority may request. If such a request is made, the Aviation Authority will provide me with the name and address of the investigating agency, the types of persons to whom the agency inquired about me, and a complete and accurate description of the types of questions that the Aviation Authority requested the agency to ask those persons.

_____ (Initial) I understand that under the provisions of the Florida Statute 112.0455, Drug Free Workplace Act, the Aviation Authority established a drug-free workplace program and substance abuse policy. If offered employment by the Aviation Authority, I will be required to complete a physical examination which includes a urinalyses drug screening test. I understand that successful completion of the physical examination including a drug screen is a condition of employment and adulterated or positive drug test results shall disqualify me from further consideration for employment with the Aviation Authority for a two (2) year period. Refusal to submit to a drug screen is equivalent to testing positive.

_____ (Initial) The Aviation Authority complies with the American With Disabilities Act of 1990. During the employment application process, you may be asked about your ability to perform essential job functions. If you are given a conditional offer of employment, you will be required to complete a Post Job Offer Medical History questionnaire and/or undergo a medical examination. All applicants entering the same category will be subject to the same examination and all information relating to the applicant’s medical history will be maintained on a confidential basis in separate files. I understand that I will be requested to undergo a drug test as a condition of employment.

_____ (Initial) I hearby acknowledge that I have read and fully understand each of the above statements.

How did you hear about employment opportunities with the Authority? _____

Applicant Signature

Date

VETERANS' PREFERENCE FORM

YOUR NAME: _____

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____

VETERANS' PREFERENCE INFORMATION

Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Listed below are the four Veterans' Preference categories.

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, *or*
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, *or*
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America.

A veteran who served honorably but who has **not** met the criteria for the award of a campaign or expeditionary medal for service, in Operation Enduring Freedom or Operation Iraqi Freedom, qualifies for preference in appointment, effective July 1, 2007. The service dates are defined as follows:

- Operation Enduring Freedom - October 7, 2001 to date to be determined
- Operation Iraqi Freedom - March 19, 2003 to date to be determined, *or*

4. The unremarried widow or widower of a veteran who died of a service-connected disability, *or*
5. Any Armed Forces Expeditionary Medal, as well as the Global War on Terrorism Expeditionary medal are qualifying for Veterans' Preference.

A **DD214** or comparable document which serves as a certificate of release or discharge **must be furnished at the time of application**. Veterans' Preference is only available to Florida residents.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

VETERANS' PREFERENCE CLAIM

IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING?
(Please indicate number from Veterans' Preference Information section above.)

ARE YOU A RESIDENT OF THE STATE OF FLORIDA?

YES NO

NOTE: If you are claiming Veterans' Preference you **must** meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.



GREATER ORLANDO AVIATION AUTHORITY

EEO RECORD KEEPING

(OPTIONAL)

THIS INFORMATION WILL NOT BE USED TO EVALUATE YOUR APPLICATION AND WILL BE MAINTAINED SEPARATELY.

NAME: _____ DATE: _____

POSITION DESIRED: _____

DRIVER'S LICENSE NUMBER: _____ ISSUED BY: _____ (State)

The Civil Rights Act of 1964 (Title 42, United State Code, Section 2000e, et seq.) and related laws and regulations require employers to monitor their equal employment opportunity compliance on a continuing basis. The information you furnish will be maintained only for the purpose of monitoring compliance with applicable laws and regulations concerning equal employment opportunity and will not be used for any other purpose. This information is being provided to the Authority voluntarily.

GENDER: (check one) Male _____ Female _____

NATIONAL ORIGIN: (Check One)

- | | |
|--------------------------------------|---|
| _____ WHITE (not of Hispanic origin) | _____ AFRICAN AMERICAN (not of Hispanic origin) |
| _____ ASIAN | _____ AMERICAN INDIAN or ALASKAN NATIVE |
| _____ PACIFIC ISLANDER | _____ HISPANIC |
| _____ OTHER _____ | |

DISCLOSURE

This serves to advise you that in consideration for employment, a consumer report and/or investigative consumer report may be obtained on you. This process may include verification of education; employment history; a review of any local, county, state, and federal government agency records; court public records; and employment references. Employment references may include information pertaining to your general character and reputation, work habits, and other employment related characteristics

By signing this DISCLOSURE,

- You acknowledge receipt of this Disclosure
- You also acknowledge receipt of a “Summary of Your rights under the Fair Credit Reporting Act”
- You give us permission to obtain a consumer report and/or investigative consumer report on you for employment purposes
- You acknowledge that upon request, disclosure of the nature and scope of the investigative consumer report will be provided to you.

Received and Authorized by:

Printed Full Name

Signature

Date Signed

(This signed form is to be retained in the applicant’s file)

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller 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 Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints 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 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
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