



The Wilkes-Barre/Scranton International Airport is an Equal Opportunity Employer and does not discriminate because of any reasons prohibited by applicable Federal or State Law.

EMPLOYMENT APPLICATION

THIS APPLICATION MUST BE IN YOUR OWN HANDWRITING.

ALL QUESTIONS ON THIS FORM MUST BE ANSWERED.

Date _____

Soc. Sec. # _____

Name in full _____		Telephone _____	
(Last)	(First)	(M.I.)	(Home)
List any nicknames or aliases _____			
Street Address _____			
City _____	State _____	Zip Code _____	County _____
Are you a U.S. Citizen? Yes _____ No _____			
If not, give Alien Registration Number _____			

EMPLOYMENT INFORMATION

Date You Can Start	Position Desired	Salary Desired
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Do We Have Your Permission to Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do You Object to Working Overtime, Generally? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do You Object to Working on a Saturday or Sunday, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are There Any Particular Hours/Times/Days You Can Not Work?		
Have you received First Aid Training? CPR? Or any other Emergency Medical Training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can You Be Flexible with Your Hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can You Work Second Shift (4:00 PM to 12:00 AM)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can You Work Third Shift (12:00 AM to 8:00 AM)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or have you been a member of a full time or volunteer Fire Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATIONAL HISTORY

NAME AND LOCATION	COURSE MAJORED IN OR DEGREE	NUMBER OF YEARS ATTENDED	LAST YEAR ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL				

NAME AND LOCATION	COURSE MAJORED IN OR DEGREE	NUMBER OF YEARS ATTENDED	LAST YEAR ATTENDED	DID YOU GRADUATE?
TRADE SCHOOL				
COLLEGE				
COLLEGE				
OTHER SCHOOLING				
Do You Have Any Special Training? () Yes () No If Yes, Explain:				

In case of emergency, notify (NAME) _____ (RELATIONSHIP) _____

(ADDRESS) _____ (PHONE NUMBER) _____

U.S. MILITARY SERVICE

DATE ENTERED SERVICE _____ BRANCH OF SERVICE _____

WHAT DID YOU DO IN THE SERVICE? _____ RANK AT DISCHARGE _____

**-- PREVIOUS EMPLOYMENT RECORD --
STARTING WITH CURRENT JOB (OR MOST RECENT POSITION)**

NOTE: You are required to provide a list of employers/jobs for the previous ten (10) year period, as applicable.

A – Firm Name B – Address C – Phone Number	Dates Employed	Job Title & Duties	Reason For Leaving
A B _____ B _____ C _____	From: To:		
A B _____ B _____ C _____	From: To:		
A B _____ B _____ C _____	From: To:		