**Topeka Regional Airport & Business Center|Bldg. 620**

**6510 SE Forbes Ave, Ste. 1 Topeka, KS 66619-1446**

**Phone :: 785.862.2362|Fax :: 785.862.1830**

**mtaa-topeka.org**

## Employment Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | Date: | | | |  | | | | |
| Last | | | | | | | | | | | | | | | | | | | First | | | | | | | | | | | | | | | | | M.I. | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | | ZIP Code | | | | | |
| Phone: | (     ) | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Date Available: | | | | | |  | | | | | | | | Social Security No.: | | | | | | | |  | | | | | | | | | | | | | Salary Range: | | | | | | | $57,678 - $62,795 | | | | | | |
| Position Applied for: | | | | | | | | | Diesel Technician / Equipment Mechanic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | | | | | | | | YES | | | | NO | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | | | | | | | | YES | NO |
| Have you ever worked for this company? | | | | | | | | | | | | | | | | | YES | | | | NO | | If yes, when? | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | | | | | | | | YES | | | | NO | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, explain: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School: | | | | |  | | | | | | | | | | | | | | | Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | To: | | | |  | | | | Did you graduate? | | | | | | | | | | YES | | NO | | | | | | Degree: | | | | |  | | | | | | | | | |
| College: | | | |  | | | | | | | | | | | | | | | | Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | To: | | | |  | | | | Did you graduate? | | | | | | | | | | YES | | NO | | | | | | Degree: | | | | |  | | | | | | | | | |
| Other: |  | | | | | | | | | | | | | | | | | | | Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | To: | | | |  | | | | Did you graduate? | | | | | | | | | | YES | | NO | | | | | | Degree: | | | | |  | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | |  | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | |  | | | | | | | | | | | | | | | | | | |
| Company: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | (     ) | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | |  | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | |  | | | | | | | | | | | | | | | | | | |
| Company: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | (     ) | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | |  | | | | | | | | | | | | | | | | | | | | Relationship: | | | | | |  | | | | | | | | | | | | | | | | | | |
| Company: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | (     ) | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employment Starting With Last One First | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | (     ) | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | | |  | | | | | | | | | | |
| Job Title: | | | |  | | | | | | | | | | | | | | Starting Salary: | | | | | | | | | $ | | | | | | | | | | Ending Salary: | | | | | | | | | $ | | |
| Responsibilities: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | | | To: | |  | | | | Reason for Leaving: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO | | | | | | |  | | | | | | | | | | | | | |
| Company: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | (     ) | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | | |  | | | | | | | | | | |
| Job Title: | | | |  | | | | | | | | | | | | | | Starting Salary: | | | | | | | | | $ | | | | | | | | | | Ending Salary: | | | | | | | | | $ | | |
| Responsibilities: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | | | To: | |  | | | | Reason for Leaving: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO | | | | | | |  | | | | | | | | | | | | | |
| Company: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | (     ) | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | | | | | | |  | | | | | | | | | | |
| Job Title: | | | |  | | | | | | | | | | | | | | Starting Salary: | | | | | | | | | $ | | | | | | | | | | Ending Salary: | | | | | | | | | $ | | |
| Responsibilities: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: |  | | | | | | | | | | To: | |  | | | | Reason for Leaving: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | NO | | | | | | |  | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | From: | | | | |  | | | | | | To: | | |  | | | |
| Rank at Discharge: | | | | | | | | | |  | | | | | | | | | | | | | | | Type of Discharge: | | | | | | | | | | |  | | | | | | | | | | | | |
| If other than honorable, explain: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.  I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.  I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | |  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **METROPOLITAN TOPEKA AIRPORT AUTHORITY** | | | |
| **ADDITIONAL JOB INFORMATION** | | | |
| **POSITION** | **BRIEFLY DESCRIBE YOU DUTIES** | **WHAT DUTY OR PART OF YOUR JOB DID YOU LIKE BEST?** | **WHAT DUTY OR PART OF YOUR JOB DID YOU LIKE LEAST?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ADDITIONAL INFORMATION THAT YOU FEEL MAKES YOU QUALIFIED FOR THIS POSITION**

**In Case of Emergency, Notify:**

Name Address Phone