

Date Received: _____

PCM: _____

**CITY OF NAPLES AIRPORT AUTHORITY
EMPLOYMENT APPLICATION**

160 Aviation Drive N.
Naples, FL 34104

Phone: (239) 643-0733
website: www.flynapples.com

Fax: (239) 643-4084

NOTE: This application becomes a public records document under the Florida Public Records law, Chapter 119.

Your application is the first step in the employment process with the City of Naples Airport Authority. Carefully review the job description(s) to ensure that you meet the necessary qualifications for the position(s).

ANSWER ALL QUESTIONS:if a question doesn't apply, write "Not Applicable" or "N/A". You may include a resume or other job related documentation as a supplement to this application. However, you must also provide all information requested on the application. If additional space is needed, please use a blank sheet of paper and include your name and address.

All commitments to hire are subject to approval by the Executive Director and are contingent upon satisfactory completion of each step in our background investigation process including, but not limited to, drug screen, fingerprinting, employment verifications, credit check or other job related reference checks. Additionally, all approved offers of employment are conditional upon passing a physical exam, when applicable.

Reasonable accommodation will be provided throughout the employment process for those who request it, and no adverse consequences will result from a request for an accommodation. Accommodation requests should be made with as much advance notice as possible. Your application will remain in the Authority's active file for six months. You are responsible for updating your application, including changes to your address, phone number, employment history, etc. This must be done by you, in person.

We consider applicants for all positions without regard to race, color, creed, religion, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status. We are an Equal Opportunity Employer.

PLEASE PRINT

Position(s) applied for: _____

Date _____

Do NOT answer this question unless you have been informed about the requirements of the job in which you are applying.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation has been provided. [] Yes [] No

Last Name		First Name		M.I.
Address: Number	Street	City	State	Zip Code
Primary Telephone Number (area code)		Alternate Number (area code)		

Have you ever filed an application with us before? [] Yes [] No If yes, give dates: _____

Have you ever been employed with us before? [] Yes [] No If yes, give dates: _____

Are you currently employed? [] Yes [] No If yes, may we contact your present employer? [] Yes [] No

Are you currently on "lay-off" status and subject to recall? [] Yes [] No

Date you would be available to work? _____ Can you travel if job requires it? [] Yes [] No

Have you ever been convicted or pled nolo contendere (no contest) to a felony or misdemeanor? [] Yes [] No

A conviction will not necessarily disqualify you from employment. The nature and date of the conviction and the position applied for will be considered.

Do you have a legal right to work in the United States? [] Yes [] No

(Proof of identity and employment authorization will be required upon employment)

Are you under 18 years of age? [] Yes [] No (If YES, parent or guardian signature required)

Are you available to work?: [] Full-time [] Part-time [] Temporary or Seasonal [] Shift

DRIVER/CHAUFFEUR LICENSE INFORMATION:

Do you have a current Florida Driver's License with full privileges (not suspended or revoked)? [] Yes [] No

Have you been issued a traffic citation in the past 5 years? [] Yes [] No Operator's [] Chauffeur's []

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

INDICATE ANY FOREIGN LANGUAGES YOU SPEAK, READ AND/OR WRITE			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities you have:

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Please give complete name, address and telephone number of all employers (including military, self-employment, temporary, volunteer, etc.) for the past 10 years. Use an additional sheet if necessary. Explain all gaps in employment of 30 days or more.

Start with your present, or most recent job, and include any job-related military service assignments, educational or volunteer activities.

DATES EMPLOYED MUST SHOW AT LEAST THE MONTH AND YEAR

1	Employer	Dates Employed		Work Performed
		From (M/Y)	To (M/Y)	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title				
Reason for Leaving				
2	Employer	Dates Employed		Work Performed
		From (M/Y)	To (M/Y)	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title				
Reason for Leaving				
3	Employer	Dates Employed		Work Performed
		From (M/Y)	To (M/Y)	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title				
Reason for Leaving				
4	Employer	Dates Employed		Work Performed
		From (M/Y)	To (M/Y)	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
Job Title				
Reason for Leaving				

USE ADDITIONAL SHEET, IF NECESSARY

PLEASE LIST TEN (10) YEARS OF HISTORY, EXPLAINING ANY GAPS OF THIRTY (30) DAYS OR MORE

List professional, trade, business or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i>

ADDITIONAL INFORMATION

Other Qualifications:	Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills:	Check Skills/Equipment Operated			
PC _____	Access _____	2 way radio _____	Other _____	
Windows _____	Typewriter _____	Machinery (list): _____	_____	
Word for Windows _____	Fax _____	_____	_____	
Excel _____	Calculator _____	_____	_____	
Power Point _____	Multiline Phone _____	_____	_____	

State any additional information you feel may be helpful to us in considering your application:

Professional References (Do not list former employers, friends or relatives)			
1			
Name _____	Relationship _____	Phone (_____) _____	
Address _____	City _____	ST _____	Zip _____
2			
Name _____	Relationship _____	Phone (_____) _____	
Address _____	City _____	ST _____	Zip _____
3			
Name _____	Relationship _____	Phone (_____) _____	
Address _____	City _____	ST _____	Zip _____

How did you learn about us? Advertisement Employment Website
 Friend Relative Walk-in Other _____

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that, in accordance with Florida Statute 443.131(3) (a) (2), if hired, I will be placed on a ninety (90) day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the ninety (90) day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination.

_____ **initials**

I understand and agree that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the authorized executive of this

_____ **initials**

I understand and agree that all policies, procedures, and the Employee Manual may be modified, amended, or deleted by the City of Naples Airport Authority with or without a notice to me of such amendment, modification or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me any right of continued employment; and that my employment may be terminated at my option or at the option of this Authority with or without cause and with or without notice by either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing.

_____ **initials**

The City of Naples Airport Authority is hereby authorized to make investigations as to my character, employment record, criminal record, credit history (pursuant to the Fair Credit Reporting Act), or matters as may be deemed necessary in arriving at an employment decision. I hereby authorize former employers, law enforcement agencies, and other agencies and institutions to release employment, financial, criminal and other types of background information to the City of Naples Airport Authority and release these parties from all liability for any damage whatsoever that may ensue from furnishing such information.

_____ **initials**

I agree to submit to a physical examination and/or drug screen whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties and/or drug screen in accordance with company policies and procedures.

_____ **initials**

APPLICANT CERTIFICATION: I have read and understand the instructions and certify that all answers and statements herein contained are true to the best of my knowledge. I understand that falsification of information on this application, related employment papers, and during all interviews may result in rejection of my application and, if employed, may result in disciplinary action up to and including termination of employment.

Signature of Applicant

Date

Veterans' Preference Information

Name: _____

Completion of the Veterans' Preference section below is made on a voluntary basis. 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.
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.
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

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

Summary of Changes Effective July 1, 2007

1. Preference eligibility no longer expires upon appointment of the eligible person to a position with the state or any political subdivision in the state.
2. Persons who were previously ineligible for preference because they held or are currently holding a job with a public employer are now eligible to use their veterans' preference again with all employers covered by law.
3. Person were previously ineligible for preference because they did not serve during an eligible wartime period may now be eligible for Veterans' Preference if they served during Operations Enduring Freedom (beginning October 7, 2001 - present) or Operation Iraqi Freedom (beginning March 19, 2003 - present).

A DD214 or comparable document which serves as a certificate of release or discharge **must be furnished at the time of application**. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3, 4 and 5.

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.)

NOTE: If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing a DD 214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application.