

**NORTHWEST FLORIDA BEACHES INTERNATIONAL AIRPORT**  
**6300 WEST BAY PARKWAY, BOX A**  
**PANAMA CITY, FL 32409**  
**850-636-8950**

**APPLICATION FOR EMPLOYMENT**

(An Equal Opportunity Employer and Drug-Free Workplace)

All applicants will be given equal consideration without regard to race, color, religion, sex, national origin, age, marital status or the presence of a non-job related handicap.

DATE \_\_\_\_\_ POSITION DESIRED (or type of work) \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ XXX-XX-  
 (Last) (First) (Middle)

PRESENT ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 Street, City, State, Zip Code

PERMANENT ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 Street, City, State, Zip Code

DRIVERS LICENSE # \_\_\_\_\_ LICENSE CLASS \_\_\_\_\_ STATE/EXP \_\_\_\_\_

DATE AVAILABLE \_\_\_\_\_ ACCEPTABLE STARTING SALARY \_\_\_\_\_

ARE YOU WILLING TO WORK SHIFT WORK? \_\_\_\_\_ REFERRED BY \_\_\_\_\_

HAVE YOU BEEN EMPLOYED BY THE AIRPORT BEFORE STATE WHEN AND POSITION \_\_\_\_\_

DO YOU HAVE ANY RELATIVES EMPLOYED BY THE AIRPORT? \_\_\_\_\_ NAME \_\_\_\_\_

ARE YOU PRESENTLY EMPLOYED? \_\_\_\_\_ MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_

**EDUCATION AND SKILLS: (CIRCLE HIGHEST GRADE COMPLETED)**

1 – 8 GRADE: 1 2 3 4 5 6 7 8      HIGH SCHOOL: 9 10 11 12      COLLEGE: 13 14 15 16      GRADUATE SCHOOL: 17 18 19 20

TYPE OF SCHOOL	NAME AND ADDRESS	DATE FROM MO/YR	DATE TO MO/YR	MAJOR COURSE WORK	DID YOU GRADUATE?	GPA	DEGREE
HIGH SCHOOL							
BUSINESS OR TRADE							
COLLEGE							
GRADUATE SCHOOL							
OTHER							

WHAT OFFICE MACHINES DO YOU OPERATE? \_\_\_\_\_

PROFESSIONAL/TRADE LICENSES \_\_\_\_\_

HAVE YOU EVER SERVED AN APPRENTICESHIP? \_\_\_\_\_ CRAFT \_\_\_\_\_ HOW LONG? \_\_\_\_\_

SPECIAL SKILLS (INCLUDING LIST OF MACHINES, OR EQUIPMENT YOU HAVE OPERATED OR USED) \_\_\_\_\_

**WORK EXPERIENCE:**

START WITH YOUR PRESENT OR LAST POSITION. ACCOUNT FOR AT LEAST THE LAST TEN YEARS. INCLUDE RELEVANT EXPERIENCE IN THE U.S. MILITARY. IF LAPSES OCCURRED BETWEEN ANY EMPLOYMENT, GIVE DATES AND REASON FOR UNEMPLOYMENT. IF PROFESSIONAL HISTORY EXTENDS BEYOND TEN YEARS, PLEASE INCLUDE. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

**PRESENT OR LAST EMPLOYER:**

NAME OF EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET, CITY, STATE, ZIP CODE

NATURE OF BUSINESS \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

JOB TITLE AND DESCRIPTION OF DUTIES \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER:**

NAME OF EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET, CITY, STATE, ZIP CODE

NATURE OF BUSINESS \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

JOB TITLE AND DESCRIPTION OF DUTIES \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER:**

NAME OF EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET, CITY, STATE, ZIP CODE

NATURE OF BUSINESS \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

JOB TITLE AND DESCRIPTION OF DUTIES \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER:**

NAME OF EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_ STREET, CITY, STATE, ZIP CODE \_\_\_\_\_  
NAME OF SUPERVISOR \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

JOB TITLE AND DESCRIPTION OF DUTIES \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER:**

NAME OF EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_ STREET, CITY, STATE, ZIP CODE \_\_\_\_\_  
NAME OF SUPERVISOR \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

JOB TITLE AND DESCRIPTION OF DUTIES \_\_\_\_\_

**ADDITIONAL PERSONAL DATA:**

ARE YOU AT LEAST 19 YEARS OF AGE? \_\_\_\_\_ ARE YOU A U.S. CITIZEN? \_\_\_\_\_

IF NOT A CITIZEN, LIST TYPE OF VISA AND ALIEN REGISTRATION NUMBER \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME (EXCEPT FOR MINOR TRAFFIC OFFENSES)? \_\_\_\_\_

IF YES, LIST DATE, PLACE, CHARGE AND DISPOSITION \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME UNDER ANOTHER NAME? \_\_\_\_\_

IF YES, LIST NAME USED, WHERE, AND EXPLAIN CIRCUMSTANCES \_\_\_\_\_

**U.S. MILITARY SERVICE:**

BRANCH OF SERVICE \_\_\_\_\_ HIGHEST RANK \_\_\_\_\_

DATE OF ENLISTMENT \_\_\_\_\_ DATE AND TYPE OF DISCHARGE \_\_\_\_\_

PRESENT MILITARY STATUS \_\_\_\_\_ BRANCH \_\_\_\_\_

**REFERENCES (OTHER THAN RELATIVES):**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_  
STREET, CITY, STATE, ZIP CODE

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_  
STREET, CITY, STATE, ZIP CODE

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_  
STREET, CITY, STATE, ZIP CODE

I certify that the information given by me on the Application for Employment form is true and accurate to the best of my knowledge. I authorize investigation of all statements contained in this application and understand that any false statement, material misrepresentation or significant omission of a fact called for in this form will be cause for cancellation of this application or separation from Airport services if I have been employed. I authorize the persons, schools, current employers (if approved by me elsewhere in this application) and other organizations and employers named in this application to provide the Airport Authority with any information that may be required to arrive at an employment decision. I hereby release all persons, schools, employers and organizations named herein from all liability for any damage whatsoever for issuing this information concerning me.

I agree that I will be required to undergo drug testing and/or a medical examination by a physician or physicians selected by the Airport Authority and authorize them to disclose and release to the Airport Authority the results of that examination and drug testing. I will also be required to submit to a ten year fingerprint based criminal history records check as required by the Transportation Security Administration.

\_\_\_\_\_  
SIGNATURE OF APPLICANT PRINTED NAME DATE

Please print application and mail to NWFBI, 6300 West Bay Parkway, Box A, Panama City, FL 32409 or hand deliver to the Administrative Office at NWFBI. Application may also be returned via email to jobs@pcairport.com.

## **COLLECTION OF SOCIAL SECURITY NUMBER**

In compliance with Section 119.071 (5), Florida Statutes, the Northwest Florida Beaches International Airport must provide you with a written statement of the purposes for the collection of Social Security numbers.

The Northwest Florida Beaches International Airport collects Social Security numbers from individuals for the following purposes:

1. Identification and verification.
2. Employment background investigations.

Social Security numbers are confidential and kept secure at all times to prevent unauthorized access.