

**Halifax-Northampton Regional  
Airport Authority  
P.O. Box 38, Halifax, NC 27839  
Phone: 252-583-3492**

Prospective employees will receive consideration without discrimination based on race, creed, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

**DIRECTIONS:** Fill out all sections COMPLETELY and please print or type the information requested. Only completed applications will be considered. An application must be received by the Halifax-Northampton Regional Airport Authority by 5:00 pm on the closing date posted to ensure consideration. Applications received unsigned, incomplete or postmarked after the closing date will NOT be considered. An application must be completed for EACH posting, as applications are not kept on file.

|   |              |
|---|--------------|
| <b>Position Title:</b><br><br>List only one(1) position per application | <b>Date:</b> |
|---|--------------|

|              |       |     |
|--------------|-------|-----|
| <b>Name:</b> |       |     |
| LAST         | FIRST | M.I |

**Mailing Address**

|                   |                  |                |          |
|-------------------|------------------|----------------|----------|
|                   | City             | State          | Zip Code |
| (     )     -     | (     )     -    |                |          |
| HOME PHONE NUMBER | ALTERNATE NUMBER | E-MAIL ADDRESS |          |

**GENERAL INFORMATION**

1. Do you currently have a Driver's License? Please list your Driver License # \_\_\_\_\_ State \_\_\_\_\_  Yes  No

When will you be available to begin work? \_\_\_\_\_ Pay expected: \$ \_\_\_\_\_

**TRAINING/SKILLS**

List any certification or licensing you have received that relates to the position you are applying for \_\_\_\_\_

List only the specific courses, workshops, trainings you have taken that are related to the position for which you are applying:

**EDUCATION:** Provide your complete history.

|                              |                         |                    |                 |    |
|------------------------------|-------------------------|--------------------|-----------------|----|
| High School/Equivalent (GED) | Location (City)         | Location (State)   | Yes             | No |
|                              |                         |                    | Graduate/G.E.D. |    |
| College or University        | Location (City & State) | Dates (From/To)    | Yes             | No |
|                              |                         | ___/___ to ___/___ | Graduate        |    |
| Degree Title                 | Date                    | Major              | Credit Hours    |    |

|   |                         |                                       |                    |
|---|-------------------------|---------------------------------------|--------------------|
| College or University   | Location (City & State) | Dates (From/To)<br>___/___ to ___/___ | Yes No<br>Graduate |
| Degree Title  | Date                    | Major                                 | Credit Hours       |
| Graduate or Professional  | Location (City & State) | Dates (From/To)<br>___/___ to ___/___ | Yes No<br>Graduate |
| Degree Title  | Date                    | Major                                 | Credit Hours       |
| Other educational, vocational school, internships, etc.   | Location (City & State) | Dates (From/To)<br>___/___ to ___/___ | Yes No<br>Graduate |
| Other valid professional licenses and certificates: Type of License: Issuing State Registration No.: Expiration Date  |                         |                                       |                    |
| Proof of education is not required with every application. <b>It will be necessary to provide copy of proof of education if offered employment</b> (e.g. copy of diploma, GED, transcript). |                         |                                       |                    |

**PROFESSIONAL REFERENCES:** Please list three references that are familiar with your work history:

| NAME | ADDRESS | PHONE # |
|------|---------|---------|
| 1.   |         |         |
| 2.   |         |         |
| 3.   |         |         |

**EMPLOYMENT:** This section must be completed in detail. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).** A resume will not substitute for a completed Halifax County Government application unless the job posting so indicates. Beginning with your present or most recent employment, list all work experience. Include any periods of self-employment, U.S. military services, and any job-related volunteer experience. If more than one position has been held with the same employer, list each separately. If additional space is necessary, please see attach additional sheets –see page 6.

|  |                             |   |  |
|--|-----------------------------|---|--|
| Job Title                                    |                             | (1) Employer's Name and Address   |  |
| Supervisor's Name                            |                             |   |  |
| Supervisor's Phone Number<br>( ) -           | Employer's Phone #<br>( ) - | May we contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of employees supervised by you: |
| Dates Employed (Mo./Yr.)<br>/ to /           | Hours per week:             | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time                  | Last Salary \$                         |
| Duties: ( <b>Do NOT state "See Resume"</b> ) |                             |   |  |
|  |                             |   |  |
|  |                             |   |  |
|  |                             |   |  |

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| Reason for leaving or considering change:    |                                   |   |  |
|  |                                   |   |  |
| Explain any gap in employment:               |                                   |   |  |
| Job Title                                    |                                   | (2) Employer's Name and Address   |  |
| Supervisor's Name                            |                                   |   |  |
| Supervisor's Phone Number<br>(    )    -     | Employer's Phone #<br>(    )    - | May we contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of employees supervised by you: |
| Dates Employed (Mo./Yr.)<br>/      to      / | Hours per week:                   | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time                  | Last Salary \$                         |
| Duties: <b>(Do NOT state "See Resume")</b>   |                                   |   |  |
|  |                                   |   |  |
|  |                                   |   |  |
| Reason for leaving or considering change:    |                                   |   |  |
|  |                                   |   |  |
| Explain any gap in employment:               |                                   |   |  |
| Job Title                                    |                                   | (3) Employer's Name and Address   |  |
| Supervisor's Name                            |                                   |   |  |
| Supervisor's Phone Number<br>(    )    -     | Employer's Phone #<br>(    )    - | May we contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of employees supervised by you: |
| Dates Employed (Mo./Yr.)<br>/      to      / | Hours per week:                   | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time                  | Last Salary \$                         |
| Duties: <b>(Do NOT state "See Resume")</b>   |                                   |   |  |
|  |                                   |   |  |
|  |                                   |   |  |
| Reason for leaving or considering change:    |                                   |   |  |
|  |                                   |   |  |
| Explain any gap in employment:               |                                   |   |  |

|   |                             |   |  |
|---|-----------------------------|---|--|
| Job Title                                 |                             | (4) Employer's Name and Address   |  |
| Supervisor's Name                         |                             |   |  |
| Supervisor's Phone Number<br>( ) -        | Employer's Phone #<br>( ) - | May we contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of employees supervised by you: |
| Dates Employed (Mo./Yr.)<br>/ / to / /    | Hours per week:             | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time                  | Last Salary \$                         |
| Duties: (Do NOT state "See Resume")       |                             |   |  |
|   |                             |   |  |
|   |                             |   |  |
|   |                             |   |  |
| Reason for leaving or considering change: |                             |   |  |
|   |                             |   |  |
| Explain any gap in employment:            |                             |   |  |
|   |                             |   |  |

**CERTIFICATION AND SIGNATURE**

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements or information may be grounds for rejection of my application or dismissal if I am employed. I also understand that as a condition of employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States. A background check of my driving, criminal, credit or other records may be conducted before employment. I permit the Airport Authority to conduct a police and court records investigation of my background if relevant to the job for which I am applying. In addition, I hereby authorize any and all of my current and previous employers, including the U.S. Government or U.S. Military (if approved by me in the 'Employment' section), and other persons, registration and licensing boards, and educational institutions listed on my application, to provide the Airport Authority with any job-related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Notwithstanding any provisions of Federal or State law, I also waive any right I may have to review confidential material or information received by the Airport Authority from a person, employer, or institution. I understand that applicants may be required to pass a drug urinalysis test before employment.

\_\_\_\_\_ Date

Applicant's Signature

**\*APPLICATION WILL NOT BE PROCESSED IF NOT SIGNED\***