



## Application for Employment

Alice L. Walton Terminal Bldg.  
 One Airport Blvd., Ste. 100  
 Bentonville, AR 72712  
 479-205-1000 x7 fax 479-205-1001

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability or any other legally protected status.

Please Print

Position(s) Applied For:	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____		
Last Name	First Name	Middle Name
Address	City	State                      Zip
Telephone Number(s)	SSN	

*\*\*Airport Authority pertains to Fire Department, Police Department, Maintenance Department and Administration Office.  
 Relation means: spouse, cohabitant, father, step-father, step-mother, brother, step-brother, sister, step-sister, son, step-son, daughter, step-daughter, brother-in-law, sister-in-law, mother-in-law, father-in-law, grandmother, grandfather, grandson, or granddaughter (collectively, "relatives and individually, "relative")*

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes                       No

Are you related (by blood or marriage) in any way to any person who is currently working for the Airport Authority?  Yes                       No  
 If Yes, who \_\_\_\_\_

Are you married to, or do you cohabit with, or dating any person who is currently working for the Airport Authority?  Yes                       No  
 If Yes, who \_\_\_\_\_

Have you ever filed an application with us before?  Yes                       No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes                       No  
 If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes                       No

May we contact your present employer?  Yes                       No

Are you prevented from lawfully becoming employed in this Country Because of Visa or Immigration Status?  
 (Proof of citizenship or immigration status will be required upon employment)  Yes                       No

On what date would you be available to work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

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

Can you travel if a job requires it? \_\_\_ Yes      \_\_\_ No

Have you been convicted of a felony within the last 7 years?  
 (Conviction will not necessarily disqualify an applicant from employment) \_\_\_ Yes      \_\_\_ No

If Yes, please explain \_\_\_\_\_

## Education

	Elementary School	High School	Undergrad. College/Univ.	Graduate/Prof.
School Name and Location				
Years Completed (Circle)	4 5 6 7 8 9	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status)


## References

Give name, address and telephone number of three references that are not related to you and are not previous employers.

1.
2.
3.

Have you ever had any job-related training in the United States Military?  Yes  No

If Yes, please describe \_\_\_\_\_  
 \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper

### Special Skills and Qualifications

Summarize special job-related skills qualifications acquired from employment or other experience.

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# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge 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 an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview \_\_\_ Yes \_\_\_ No

Remarks \_\_\_\_\_

Employed \_\_\_ Yes \_\_\_ No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

Name and Title

\_\_\_\_\_  
Date

Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_