GOLDEN TRIANGLE REGIONAL AIRPORT AUTHORITY 2080 AIRPORT ROAD COLUMBUS, MISSISSIPPI 39701

APPLICATION FOR EMPLOYMENT

State and Federal Laws Prohibit Discrimination in Employment due to Race, National Origin, Age, Sex, Religion or Disability. Applicants are urged to request any needed accommodation to participate in the application process. This application meets requirements of Federal Aviation Regulations 107 for unescorted access to the Security Identification Display Area of the Golden Triangle Regional Airport.

	PERSONAL DAT	A			
Name	Nicknam	es/Aliases			
Social Security #	Home Telephone #				
Present Address					
City	State		Zip		
Desired Position		_Desired Salar	y \$	per	
Date Available to Work		Referred By:			
Were you previously employed by us?					
List any friends or relatives working for the GTRA					
Relationship	Department				
Have you ever been convicted of a crime other tha	n a misdemeanor?	Yes		No	
Have you ever been acquitted of a crime other than	n a misdemeanor?	Yes		No	
If yes, please provide the following information:					
Date	Location				
Charge	Sentence				
	EDUCATION				
Name and Location of School:					
High School:					
Dates Attended:	Graduate	? Yes		No	
College:			Major?		
Dates Attended:	Graduate	? Yes		No	
Other:			Major?		
Dates Attended:	Graduate ³	? Yes		No	

GTRA FORM 112 REV. 7/21/99

EMPLOYMENT RECORD

LIST BELOW YOUR EMPLOYERS FOR THE LAST TEN (10) YEARS STARTING WITH THE LAST OR CURRENT EMPLOYER FIRST. IF YOU WISH TO BE SPECIFIC IN ANY DETAIL, YOU MAY ATTACH A SEPARATE SHEET.					
Company	·				
Address					
City	State	Zip			
Title					
Duties & Responsibilities					
Reason for leaving					
Ending Monthly Salary \$					
Contact Person	Contact P	hone #			
May we contact this person for a reference?	Yes	No			
Company					
Address					
City	State	Zip			
Title	Employment Dates	to			
Duties & Responsibilities					
Reason for leaving					
Ending Monthly Salary \$	<u></u>				
Contact Person	Contact P	hone #			
May we contact this person for a reference?	Yes	No			
Company					
Address					
City	State	Zip			
Title		to			
Reason for leaving					
Ending Monthly Salary \$					
Contact Person	Contact P	hone #			
May we contact this person for a reference?	Yes	No			

EMPLOYMENT RECORD CON'T

Company				
Address				
City	State		Zip	
Title				
Reason for leaving				
Ending Monthly Salary \$				
Contact Person	Contact Phone #			
May we contact this person for a reference?	Yes	No		
Company				
Address				
City	State		Zip	
Title	Employment Dates			
Duties & Passansibilities	_			
Reason for leaving				
Ending Monthly Salary \$				
Contact Person	Contact Phone #			
May we contact this person for a reference?	Yes	No		
Company				
Address				
City	State		Zip	
Title				
D 4 0 D 11 114				
Reason for leaving				
Ending Monthly Salary \$				
Contact Person		t Phone #		
May we contact this person for a reference?	Yes	No		

EMPLOYMENT RECORD CON'T

Company			
Address			
City	State	Ziŗ	o
Title	Employment Dates		to
B 4 6 B 11 11 11 11			
Reason for leaving			
Ending Monthly Salary \$			
Contact Person	Contact Phone #		
May we contact this person for a reference?	Yes	No	_
Company			
Address			
City	State	Ziŗ	o
Title			to
Duties 9 Despensibilities			
Reason for leaving			
Ending Monthly Salary \$			
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May we contact this person for a reference?	Yes	No	_
Company			
Address			
City	State	Zir	o
Title	F 1 1 5		to
Duties 9 Desperaibilities	<u> </u>		
Reason for leaving			
Ending Monthly Salary \$			
Contact Person		Phone #	
May we contact this person for a reference?	Yes	No	

EMPLOYMENT RECORD CON'T

Company					
Address					
City	State	Zip			
Title	Employment Dates		to		
Duties & Responsibilities					
Reason for leaving					
Ending Monthly Salary \$					
Contact Person	Contact Phone #				
May we contact this person for a reference?	Yes	No	-		
Company					
Address					
City	State	Zip			
Title	Employment Dates		to		
Duties & Responsibilities					
Reason for leaving					
Ending Monthly Salary \$					
Contact Person	Contact Phone #				
May we contact this person for a reference?	Yes	No	_		
PHY	SICAL RECORD)			
Do you have any physical condition which may limit your ability to perform the job applied for?					
, ,	, p				
	OYMENT RECOR				
I hereby authorize Golden Triangle Regional Airport Authority to investigate my references and to make an independent investigation of my character, conduct and employment records, and to keep and reserve records					
of such investigation. I understand this application is subject to history verification and possible criminal history					
records check. I agree that failure to reveal any prior employers, or giving of any false or misleading information by me will be grounds for termination of my employment. If employment is obtained under this application, I will					
comply with the rules and regulations of the Golden Tri			ication, i will		
Signature of Applicant:		Date			