

# BZN Bozeman Yellowstone INTERNATIONAL AIRPORT



GALLATIN AIRPORT AUTHORITY

850 GALLATIN FIELD ROAD, SUITE 6 \* BELGRADE, MT 59714 \* 406-388-6632

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT OR TYPE IN BLACK INK)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, RELIGION, GENDER, NATIONAL ORIGIN, AGE, VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED PHYSICAL OR MENTAL CONDITION, HANDICAP, OR DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. IF YOU REQUIRE ACCOMMODATION OR ASSISTANCE IN COMPLETING THIS APPLICATION OR IN ANY STAGE OF THE EMPLOYMENT PROCESS, PLEASE LET US KNOW.

APPLICATION FOR: \_\_\_\_\_

ADVERTISEMENT PERIOD: \_\_\_\_\_

### PERSONAL

NAME \_\_\_\_\_

(LAST)

(FIRST)

(MIDDLE)

ADDRESS \_\_\_\_\_

(STREET ADDRESS)

(CITY)

(STATE)

(ZIP)

HOME PHONE #(\_\_\_\_\_) \_\_\_\_\_ ALTERNATE PHONE #(\_\_\_\_\_) \_\_\_\_\_

When will you be available to begin if selected for the position? \_\_\_\_\_

Are you available to work shifts? Yes\_\_\_\_ No\_\_\_\_

Are you authorized to work in the U.S. on an unrestricted basis? Yes\_\_\_\_ No\_\_\_\_

*(Proof of citizenship or immigration status will be required upon employment)*

Have you ever been employed with the Gallatin Airport Authority before? Yes\_\_\_\_ No\_\_\_\_

If yes, give dates \_\_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations? Yes\_\_\_\_ No\_\_\_\_

If yes, state nature of offense, when, where and disposition \_\_\_\_\_

*(A conviction will not necessarily disqualify an applicant from employment)*

Do you have any relatives presently employed by the Gallatin Airport Authority? Yes\_\_\_\_ No\_\_\_\_

If yes, list names and relationship \_\_\_\_\_

Employment with the Gallatin Airport Authority is contingent upon the ability to be granted and maintain an ID/secure media badge as regulated by the TSA and a valid driver's license. A comprehensive pre-employment background check will include an education/experience investigation and a fingerprint-based criminal history record check.

NAME: \_\_\_\_\_

EDUCATION & TRAINING

HIGH SCHOOL	COLLEGE/TECHNICAL/BUSINESS	GRADUATE SCHOOL
SCHOOL NAME & LOCATION _____		
YEARS COMPLETED (CIRCLE) 9 10 11 12	1 2 3 4	1 2 3 4 5
DIPLOMA/DEGREE (VERIFICATION OF EDUCATION REQUIRED) _____		
DESCRIBE COURSE (S) OF STUDY _____		
_____		
DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIPS, SKILLS, EXTRA-CURRICULAR ACTIVITIES, FOREIGN LANGUAGES _____		
_____		
_____		

**EMPLOYMENT EXPERIENCE** Start with your present or last job. If unemployed, start with your immediate past employment. Be specific and complete. Include military service assignments and volunteer activities. Any military service must be documented by providing a DD214 along with this application. Exclude organizational names that indicate race, color, religion, gender, national origin, disabilities or other protected status. Explain any gaps between employment. Failure to explain any gaps in employment will be justification for your disqualification from the selection process. Use additional sheets if necessary.

YOUR JOB TITLE _____	TELEPHONE # (_____) _____
COMPANY NAME _____	EMPLOYED (INDICATE MONTH, DAY AND YEAR)
ADDRESS _____	FROM _____ TO _____
_____	ANNUAL SALARY
NAME OF SUPERVISOR _____	START _____ LAST _____
DESCRIBE YOUR DUTIES _____	REASON FOR LEAVING _____
_____	_____
_____	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
_____	IF NO, PLEASE EXPLAIN _____
_____	_____
FULL TIME _____ PART TIME _____	
_____	
YOUR JOB TITLE _____	TELEPHONE # (_____) _____
COMPANY NAME _____	EMPLOYED (INDICATE MONTH, DAY AND YEAR)
ADDRESS _____	FROM _____ TO _____
_____	ANNUAL SALARY
NAME OF SUPERVISOR _____	START _____ LAST _____
DESCRIBE YOUR DUTIES _____	REASON FOR LEAVING _____
_____	_____
_____	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
_____	IF NO, PLEASE EXPLAIN _____
_____	_____
FULL TIME _____ PART TIME _____	

NAME: \_\_\_\_\_

YOUR JOB TITLE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_

DESCRIBE YOUR DUTIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_

EMPLOYED (INDICATE MONTH, DAY AND YEAR)

FROM \_\_\_\_\_ TO \_\_\_\_\_

ANNUAL SALARY

START \_\_\_\_\_ LAST \_\_\_\_\_

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

MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐

IF NO, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

YOUR JOB TITLE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_

DESCRIBE YOUR DUTIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_

EMPLOYED (INDICATE MONTH, DAY AND YEAR)

FROM \_\_\_\_\_ TO \_\_\_\_\_

ANNUAL SALARY

START \_\_\_\_\_ LAST \_\_\_\_\_

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

MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐

IF NO, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

YOUR JOB TITLE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_

DESCRIBE YOUR DUTIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_

EMPLOYED (INDICATE MONTH, DAY AND YEAR)

FROM \_\_\_\_\_ TO \_\_\_\_\_

ANNUAL SALARY

START \_\_\_\_\_ LAST \_\_\_\_\_

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

MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐

IF NO, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL SKILLS**

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

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Indicate any professional licenses or certificates. List license numbers with expiration dates and issuing agency.

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**REFERENCES:**

List the name, address, and telephone number of at least three (3) references who are not related to you and are not previous employers.

NAME	ADDRESS	TELEPHONE NUMBER

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that an investigation of all statements contained in this application for employment will be conducted, to include at a minimum: personal and business references, employment history, education/technical training and military service. If a conditional offer of employment is extended, I understand that my hiring may be contingent upon successful completion of job-related testing and a criminal background investigation. I agree, upon request, to sign all necessary authorization and consent forms.

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SIGNATURE OF APPLICANT

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DATE

**THIS APPLICATION FORM MUST BE COMPLETED IN FULL, SIGNED AND DATED.**





### **Gallatin Airport Authority**

850 Gallatin Field Road, Suite 6

Belgrade, MT 59714

Phone: (406)388-6632 Fax: (406)388-6634

### **Authorization to Release Employment Information**

I hereby authorize the Gallatin Airport Authority to obtain information pertaining to my employment, attendance, performance reports, and disciplinary records from previous or current employers. I hereby authorize release of this information. This release is executed with full knowledge and understanding that the information is for the official use of the Gallatin Airport Authority only as may be necessary in arriving at an employment decision.

I hereby release you, as the custodian of such records, from any and all liability for damages of any kind because of compliance with this authorization, and request you to release the information requested.

Please print all information legibly with black ink.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Telephone Number(s)

(Day)

(Evening)

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

\_\_\_\_\_  
Date