



APPLICATION FOR EMPLOYMENT

Skyway Concession Company, LLC is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, ancestry, age, disability, veteran status, sexual orientation, marital status, military discharge status, or source of income, or any other status protected under local, state or federal laws.

PERSONAL DATA

(PLEASE PRINT IN INK)

NAME LAST	FIRST	M.I.	DATE
ADDRESS	APARTMENT/UNIT#	CITY	COUNTY STATE ZIP
CONTACT PHONE NUMBER:	EMAIL ADDRESS:	SOCIAL SECURITY NO.:	
POSITION OR JOB TITLE	POSITION #	Do you possess a valid Commercial Driver's License (CDL)? (for Maintenance positions only) <input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? <small>(PROOF OF ELIGIBILITY WILL BE REQUIRED UPON OFFER OF EMPLOYMENT)</small> YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU OVER THE AGE OF 18 YEARS? (IF NO, YOU MAY BE REQUIRED TO PROVIDE 90 AUTHORIZATION) YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN _____	
HAVE YOU EVER APPLIED TO SKYWAY CONCESSION BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF SO, WHEN? _____			
HAVE YOU EVER WORKED FOR SKYWAY CONCESSION BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF SO, WHEN? _____			
DO YOU HAVE (WHETHER BY BLOOD OR ADOPTION) ANY SPOUSE, PARENT, CHILD, BROTHER, SISTER, AUNT, UNCLE, NIECE, NEPHEW, GRANDPARENT, GRANDCHILD, SON-IN-LAW, DAUGHTER-IN-LAW, MOTHER-IN-LAW, FATHER-IN-LAW, STEPFATHER, STEPMOTHER, STEPSON, STEPDAUGHTER, STEPBROTHER, STEPSISTER, HALF-BROTHER OR HALF-SISTER THAT CURRENTLY WORKS FOR SKYWAY CONCESSION COMPANY LLC OR ANY OF ITS AFFILIATES? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, PLEASE IDENTIFY THAT PERSON'S NAME, WORK LOCATION (IF APPLICABLE) AND POSITION: _____	
ON WHAT DATE WOULD YOU BE AVAILABLE TO BEGIN WORK IF HIRED?			
DAYS AND HOURS AVAILABLE: <small>(PLEASE NOTE THAT YOUR AVAILABILITY DOES NOT GUARANTEE THAT, IF HIRED, YOU WILL BE SCHEDULED TO WORK DURING THOSE TIMES.)</small>			
	SUNDAY	MONDAY	TUESDAY
AM			
PM			
	WEDNESDAY	THURSDAY	FRIDAY
	SATURDAY		

EDUCATION

HIGH SCHOOL:	ADDRESS:
	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/> DEGREE:
COLLEGE:	ADDRESS:
FROM: TO:	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/> DEGREE:
OTHER:	ADDRESS:
FROM: TO:	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/> DEGREE:
PLEASE LIST ANY ACADEMIC HONORS, SCHOLARSHIPS, OFFICES HELD, ETC. (DO NOT LIST ANY WHICH REFLECT YOUR RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITIES, SEXUAL ORIENTATION OR VETERAN STATUS.)	

MILITARY SERVICE

BRANCH:	FROM:	TO:
RANK AT DISCHARGE:	TYPE OF DISCHARGE:	
IF OTHER THAN HONORABLE, EXPLAIN:		

EMPLOYMENT HISTORY

(BEGIN WITH CURRENT OR MOST RECENT EMPLOYER. DO NOT EXCLUDE ANY EMPLOYMENT. INCLUDE ANY APPLICABLE TEMPORARY EMPLOYMENT, ATTACH ANOTHER SHEET IF NECESSARY. IN CERTAIN CASES, PREVIOUS SALARIES OR WAGES MAY BE USED TO DETERMINE COMPENSATION AT SKYWAY CONCESSION COMPANY).

COMPANY:	PHONE:	()
ADDRESS:	SUPERVISOR:	
JOB TITLE:	STARTING SALARY: \$	ENDING SALARY: \$
RESPONSIBILITIES:		
FROM:	TO:	REASON FOR LEAVING:
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?		YES NO <input type="checkbox"/> <input type="checkbox"/>
COMPANY:	PHONE:	()
ADDRESS:	SUPERVISOR:	
JOB TITLE:	STARTING SALARY: \$	ENDING SALARY: \$
RESPONSIBILITIES:		
FROM:	TO:	REASON FOR LEAVING:
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?		YES NO <input type="checkbox"/> <input type="checkbox"/>
COMPANY:	PHONE:	()
ADDRESS:	SUPERVISOR:	
JOB TITLE:	STARTING SALARY: \$	ENDING SALARY: \$
RESPONSIBILITIES:		
FROM:	TO:	REASON FOR LEAVING:
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?		YES NO <input type="checkbox"/> <input type="checkbox"/>
PLEASE PROVIDE ANY OTHER INFORMATION THAT YOU FEEL WILL HELP US IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT.		

REFERENCES

PLEASE LIST THREE PERSONS, (WHO ARE NOT RELATED TO YOU OR PREVIOUS SUPERVISORS)
WHO CAN PROVIDE PROFESSIONAL REFERENCES.)

FULL NAME:		RELATIONSHIP:		YEARS KNOWN:	
COMPANY:		PHONE:	()	OCCUPATION:	
ADDRESS:					
FULL NAME:		RELATIONSHIP:		YEARS KNOWN:	
COMPANY:		PHONE:	()	OCCUPATION:	
ADDRESS:					
FULL NAME:		RELATIONSHIP:		YEARS KNOWN:	
COMPANY:		PHONE:	()	OCCUPATION:	
ADDRESS:					

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING:

I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME IN THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) IS CORRECT, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF ANY FACTS IN SAID DOCUMENTS WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT REGARDLESS OF THE TIMING OR CIRCUMSTANCES OF DISCOVERY.

I UNDERSTAND THAT SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE EMPLOYMENT. I FURTHER UNDERSTAND THAT, SHOULD AN OFFER OF EMPLOYMENT BE EXTENDED BY SKYWAY CONCESSION CORPORATION LLC THAT SUCH EMPLOYMENT WITH SKYWAY CONCESSION IS AT WILL, FOR NO SPECIFIED DURATION AND MAY BE TERMINATED BY EITHER SKYWAY CONCESSION OR MYSELF AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE. I UNDERSTAND THAT NONE OF THE DOCUMENTS, POLICIES, PROCEDURES, ACTIONS, AND STATEMENTS OF SKYWAY CONCESSION OR ITS REPRESENTATIVES USED DURING THE EMPLOYMENT PROCESS IS DEEMED A CONTRACT OF EMPLOYMENT REAL OR IMPLIED. I UNDERSTAND THAT NO REPRESENTATIVE OF SKYWAY CONCESSION EXCEPT THE C.E.O. HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT GUARANTEEING ANY CONDITIONS OF EMPLOYMENT OR ANY AGREEMENT CONTRARY TO THE FOREGOING STATEMENTS AND THAT ANY SUCH AGREEMENTS MUST BE MADE IN WRITING AND SIGNED BY THE C.E.O. OF SKYWAY CONCESSION.

IN CONSIDERATION FOR EMPLOYMENT WITH SKYWAY CONCESSION, IF EMPLOYED, I AGREE TO CONFORM TO THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF SKYWAY CONCESSION AT ALL TIMES AND UNDERSTAND THAT SUCH OBEDIENCE IS A CONDITION OF EMPLOYMENT. I UNDERSTAND THAT DUE TO THE NATURE OF SKYWAY CONCESSION'S BUSINESS, ATTENDANCE AND PUNCTUALITY ARE CONSIDERED ESSENTIAL REQUIREMENTS OF EVERY JOB AT SKYWAY CONCESSION AND THAT POOR ATTENDANCE OR TARDINESS WILL RESULT IN DISCIPLINARY ACTION. I UNDERSTAND THAT IF OFFERED A POSITION WITH SKYWAY CONCESSION, I MAY BE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT MEDICAL EXAMINATION, DRUG SCREENING AND BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT. I UNDERSTAND THAT UNSATISFACTORY RESULTS FROM, REFUSAL TO COOPERATE WITH, OR ANY ATTEMPT TO AFFECT THE RESULTS OF THESE PRE-EMPLOYMENT TESTS AND CHECKS WILL RESULT IN WITHDRAWAL OF ANY EMPLOYMENT OFFER OR TERMINATION OF EMPLOYMENT IF ALREADY EMPLOYED.

I HEREBY AUTHORIZE ANY AND ALL SCHOOLS, FORMER EMPLOYERS, REFERENCES, COURTS AND ANY OTHERS WHO HAVE INFORMATION ABOUT ME TO PROVIDE SUCH INFORMATION TO SKYWAY CONCESSION AND/OR ANY OF ITS REPRESENTATIVES, AGENTS OR VENDORS AND I RELEASE ALL PARTIES INVOLVED FROM ANY AND ALL LIABILITY FOR ANY AND ALL DAMAGE THAT MAY RESULT FROM PROVIDING SUCH INFORMATION.

I UNDERSTAND THAT THIS APPLICATION IS CONSIDERED CURRENT FOR THREE MONTHS. IF I WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THIS PERIOD I MUST FILL OUT AND SUBMIT A NEW APPLICATION.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

SIGNATURE:

DATE:

NAME AND NUMBER OF PERSON COMPLETING THIS FORM IF OTHER THAN APPLICANT: