

PEACHTREE CITY AIRPORT AUTHORITY

7 FALCON DRIVE · PEACHTREE CITY, GA 30269 · (770) 487-2225  
www.kffc.org

(PLEASE PRINT)

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, or disability.

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative  
\_\_\_\_\_ Employment Agency \_\_\_\_\_ Other

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Phone No. (\_\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Area Code

Are you between the ages of 18 and 70? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you filed an application before? \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

Are you a citizen of the United States or are you legally authorized to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Are any of your relatives employed by the City? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list name(s) \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain \_\_\_\_\_

Answer these questions only if the job for which you are applying requires a drivers license.

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give driver's license number and state \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

Per-19 "Non-Stock"  
6-96

**EMPLOYMENT EXPERIENCE**  
**Full and accurate phone numbers are required**

List each job held. Start with your present or last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex, national origin or disability.)

Employer ( )	TELEPHONE	Dates		Work Performed
		From	To	
Address				
Job Title		Salary		Reason for Leaving
		Starting	Final	
Supervisor				
Employer ( )	TELEPHONE	Dates		Work Performed
		From	To	
Address				
Job Title		Salary		Reason for Leaving
		Starting	Final	
Supervisor				
Employer ( )	TELEPHONE	Dates		Work Performed
		From	To	
Address				
Job Title		Salary		Reason for Leaving
		Starting	Final	
Supervisor				
Employer ( )	TELEPHONE	Dates		Work Performed
		From	To	
Address				
Job Title		Salary		Reason for Leaving
		Starting	Final	
Supervisor				

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

Summarize Special Skills and Qualifications Acquired From Employment or Other Experience \_\_\_\_\_

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**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.  
**COMPLETE AND ACCURATE DAY TIME PHONE NUMBERS ARE REQUIRED.**

Name	Address	Telephone Number	Years Acquainted
1			
2			
3			

**EDUCATION**

	High	College/University	Graduate/Trade/Professional
School Name			
Years Completed: (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study:			
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:			
Honors Received:			

**AGREEMENT**

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, including a driver's license and any criminal background checks, as may be necessary in arriving at an employment decision.

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 Peachtree City Airport Authority and that no real or implied contract exists.

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

\_\_\_\_\_  
 Date

# Peachtree City Airport Authority

## Authorization for Release of Personal Information

I, \_\_\_\_\_, do hereby authorize a review of, and full disclosure of, any and all records concerning myself to any duly authorized agent(s) of the Peachtree City Airport Authority, or to any authorized agent of a criminal justice agency or any private agency upon the request of the Peachtree City Airport Authority, whether said records are public, private, or confidential in nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail agencies (including credit reports and/or ratings); other financial statements and records wherever filed; employment and pre-employment records; including background reports, efficiency ratings, complaints or grievances filed by me or against me and the records and recollections of attorneys at law, or of counsel, whether representing me or another person, in any case, either criminal or civil, in which I presently have or had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Peachtree City Airport Authority. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I acknowledge that I understand fully the nature of the authorization I am giving and I have no objection to the same. I give this permission voluntarily, and that I am under no type of coercive influence or undue pressure to do so.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of any signature.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT