

# Application For At-Will Employment

**Columbia Metropolitan Airport**  
**P.O. Box 280037**  
**Columbia, SC 29228-0037**



THIS APPLICATION IS **NOT** AN EMPLOYMENT CONTRACT, but merely is intended to evaluate suitability for employment. It is our policy to provide equal opportunity for employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, gender identification, sexual orientation, national origin, citizenship, disability, veteran status or any other status protected under state or federal law. It is also our policy to conduct pre-employment screenings to include drug testing before a job offer is made. If a job offer is made, employment will be contingent upon successful completion of a fingerprint based nationwide background check, drivers record check, (if applicable) and a medical examination, which will include providing body substance samples.

**This application for employment will not be considered unless fully completed. (PLEASE PRINT)**

**APPLICANT INFORMATION:**

Last Name	First Name	Middle Name
Address	Street	City State Zip Code
Telephone Number(s)	Social Security Number	LAST 4 DIGITS ONLY
Driver's License #	Expiration Date	Email Address:

**EMPLOYMENT DESIRED:**     Part Time     Full Time     Shift Work     Temporary

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Have you ever filed an application with us before: \_\_\_\_\_ Have you ever been employed with us before? \_\_\_\_\_ Are you currently employed? \_\_\_\_\_

May we contact your employer? \_\_\_\_\_ Can you travel if a job requires it? \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_

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.

**EDUCATION:**

School	Name and Location	Graduated		Major Subjects/Degree
		Yes	No	
Grammar School				
High School				
College				
Other (Specify)				

Subjects of special study or research work: \_\_\_\_\_  
 \_\_\_\_\_

Special training or qualifications: \_\_\_\_\_  
 \_\_\_\_\_

Activities: (Civic, Athletic, Etc.) \_\_\_\_\_  
*You may exclude membership which would reveal sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status or any other status protected under State or Federal law.*

**FORMER EMPLOYERS:** List your employers for the past **ten** years, starting with the most recent.  
If you need additional space, please continue on a separate sheet of paper.

Date Month and Year	Name, address and telephone # of employer	Salary	Position	Reason for leaving
From		\$		
To		PER		
From		\$		
To		PER		
From		\$		
To		PER		
From		\$		
To		PER		

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

Name	Address and Telephone Number	Years Acquainted
1.		
2.		
3.		

**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. By signing this application, I acknowledge that investigation of statements could include former employers, references and any applicable background checks.

This application shall be considered active for a period of time not to exceed 45 days.

I UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT-WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE 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 CONDUCT UNLESS AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION SPECIFICALLY ACKNOWLEDGES SUCH CHANGE IN WRITING.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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**APPLICANT – DO NOT WRITE BELOW THIS LINE**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_

Employed \_\_\_\_\_ Dept. \_\_\_\_\_ Position \_\_\_\_\_ Start Date \_\_\_\_\_ Salary/Hourly Rate \_\_\_\_\_

Approvals:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Supervisor Department Head Human Resources

# Applicant Affirmative Action Voluntary Information



**COMPLETION OF INFORMATION BELOW IS VOLUNTARY**

**It is our policy to provide equal opportunity for employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, gender identification, sexual orientation, national origin, citizenship, disability, veteran status or any other status protected under State or Federal law.**

**To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.**

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated. Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

### PLEASE PRINT

Position applied for: \_\_\_\_\_ Date \_\_\_\_\_

#### Referral Source

- |  |   |
|--|---|
| <input type="checkbox"/> Walk-in<br><input type="checkbox"/> Employee<br><input type="checkbox"/> Relative<br><input type="checkbox"/> School<br><input type="checkbox"/> Name of person who referred you (IF APPLICABLE): _____ | <input type="checkbox"/> Government Employment Agency<br><input type="checkbox"/> Private Employment Agency<br><input type="checkbox"/> Advertisement Source ____<br><input type="checkbox"/> Website<br><input type="checkbox"/> Other _____ |
|--|---|

#### Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

**Please check one of the following Equal Opportunity Identification Groups:**

- |   |   |                                |  |
|---|---|--------------------------------|--|
| <input type="checkbox"/> White (not of Hispanic Origin) | <input type="checkbox"/> Hispanic Origin        | <input type="checkbox"/> Black | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other |  |

**Please check if any of the following are applicable:**

- Vietnam Era Veteran: A person who served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75, and was discharged or released there from with other than a dishonorable discharge or for a service connected disability.
- Disabled Veteran: A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- Disabled Individual: A person who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such impairment.

#### For Administrative Use Only

Position(s) applied for  Available  Not Available  
 Other positions considered for: \_\_\_\_\_  
 Hired:  Yes  No Position Hired for: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**From the EEO job classifications listed below, which one best describes the position filled?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Executive Director                | <input type="checkbox"/> Technicians             | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Executive Director Direct Reports | <input type="checkbox"/> Administrative Support  | <input type="checkbox"/> Laborers (unskilled)      |
| <input type="checkbox"/> Other Department Managers         | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers           |
| <input type="checkbox"/> Professionals                     |  |  |

Notes: \_\_\_\_\_  
 \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_