

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

Norfolk Airport Authority® is an equal opportunity employer. In accordance with state and federal laws, employment offers are tendered solely on the basis of qualifications without regard to race, religion, color, national origin, age, sex, sexual orientation, marital status, genetic information, disability, veteran status or other protected characteristic. If hired, this Employment Application will become part of your employment record. Please type or print with ink, answering all items completely and accurately, using "no," "none," or "not applicable," as appropriate. We will give this application consideration, however, in accepting it, the Authority makes no commitment of employment. This application will remain active for the position applied for for a period of six months from the date the position was filled, after which time you are permitted to reapply in accordance with established Authority procedures.

PLEASE PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED

GENERAL INFORMATION

Position A	Applied For:		Position Number:				
Name:				Home #:	()	
	Last	First	Middle				
Address:				Work #:	_()	
	Street			Maywe contact you	u at work?	Yes	□ No
1	City	State	Zip	Alternate #:	()	
E-Mail:	(email address is o	ptional, but will give our office an alte	rnate method of contacting you)	2126,-5			
Are you 21	years of age or o	der?			*******	🗌 Yes	🗌 No
Are you leg	gally authorized to	work in the United States?				🗌 Yes	🗌 No
Have you e	ever worked for the	Norfolk Airport Authority®?	,			🗌 Yes	🗌 No
If yes	, give dates: Fro	m:	To:				
Are you cu	rrently employed?					🗌 Yes	🗌 No
If so,	may we contact yo	ou present employer?				🗌 Yes	🗌 No
Are you wil	lling to work on we	ekends?				🗌 Yes	🗌 No
Are you wil	lling to work over 4	0 hours in a work week?				🗌 Yes	🗌 No
Are you wil	lling to work a rota	ting schedule?				🗌 Yes	🗌 No
Are you wil	lling to travel (if ne	cessary)?				🗌 Yes	🗌 No
Can you pe	erform the essentia	al functions of this job, with o	or without reasonable acco	mmodation?		🗌 Yes	🗌 No
Can you m	eet the attendance	e requirements of this job?				☐ Yes	🗌 No
Have you e	ever held a position	n of trust (handling money o	r confidential material)?			🗌 Yes	🗌 No
Have you e	ever applied for a j	ob with the Norfolk Airport A	authority®?			🗌 Yes	🗌 No
Have you e	ever been discharg	ged or requested to resign fr	om a position?			🗌 Yes	🗌 No
lfso	nlease explain						

Do you have any relatives who work for the Norfolk Airport Au	ithority®?		🗌 Yes 🗌 No
If so, list: Name: Relationsh	iip:	Department:	
On what date would you be available to work?			_
Available to work: Full-Time Part-T			
EDUCATIONAL BACKGROUND			
Circle highest level completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED	College: 1 2 3 4	Graduate School: 1	2 Post Grad.: 1 2
Name of College/University	Hours Completed	Degree Earned	Major/Minor

LICENSES and CERTIFICATIONS

For positions requiring driving, mark type of driver's license you currently possess:
List and provide official documentation of other job-related licenses/certifications you have, including State and expiration date.

PROFESSIONAL REFERENCES

Please list five individuals for whom you have worked in a regular job and who are not related to you.

Name and Job Title	Company	Phone Number

EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail all paid work experience beginning with your <u>most recent employment</u>. You should list significantly jobs within the same organization as separate items. You must include a minimum of ten years of employment history. Please use the continuation sheet if persesary **Do not use** "See Resume or See Attached"

continuation sheet if necessary. DO NOT US				
Job Title: (Most Recent)	Employer's Phone Num	iber:	Supervisor:	
(most necent)	1.10		Title:	
Employer:	Address			
	(City, State, Zip)			
Dates employed: (MO/YR) Begin:	End:	Salary	Begin:	End:
Reason for leaving:				
Job Duties: (Be Specific)				
Job Title:	Employer's Phone Num	ber:	Supervisor:	
	1719		Title:	
Employer:	Address			
	(City, State, Zip)			
Dates employed: (MO/YR) Begin:	End:	Salary	Begin:	End:
Reason for leaving		1		
Job Duties: (Be Specific)				
Job Title:	Employer's Phone Numl	ber:	Supervisor:	
	1.00		Title:	
Employer:	Address			
	(City, State, Zip)			
Dates employed: (MO/YR) Begin:	End:	Salary	Begin:	End:
Reason for leaving		L		
Job Duties: (Be Specific)				

NOTICE

APPLICANTS FOR EMPLOYMENT MAY BE REQUIRED TO SUBMIT A CURRENT DMV RECORD SHOWING LAST THREE YEARS OF DRIVING HISTORY AT TIME OF APPLICATION. APPLICANTS WILL ALSO BE REQUIRED TO UNDERGO A CONTROLLED SUBSTANCE SCREENING TEST PRIOR TO BEGINNING EMPLOYMENT WITH THE NORFOLK AIRPORT AUTHORITY®.

Please use this Continuation Sheet for space to list **additional** employment history only.

LAST NAME: ______

FIRST NAME: _____

Employment History				Sheet	_of
Job Title:	Employer's Phone Numbe	er:	Supervisor:		
			Title:		
Employer:	Address				
	(City, State, Zip)				
Dates employed: (MO/YR) Begin:	End:	Salary	Begin:	End:	
Reason for leaving					
Job Duties: (Be Specific)					
Job Title:	1				
Job Title.	Employer's Phone Numbe	er:	Supervisor:		
			Title:		
Employer:	Address				
	(City, State, Zip)				
Dates employed: (MO/YR) Begin:	End:	Salary	Begin:	End:	
Reason for leaving					
Job Duties: (Be Specific)					
Job Title:	Employer's Phone Numbe	er:	Supervisor:		
			Title:		
Employer:	Address				
	(City, State, Zip)				
Dates employed: (MO/YR) Begin:	End:	Salary	Begin:	End:	
Reason for leaving	End.	Galary	Degin.	LIIU.	
Job Duties: (Be Specific)					

(Must be read and signed)

I understand that the foregoing information will be verified in connection with my application for employment at the Norfolk Airport Authority®. I hereby authorize any employer, company or other person to furnish the Norfolk Airport Authority® full and complete information concerning my ability, character, habits, work record, and any other lawful information desired, and specifically release any such employer, company or person from liability because they supplied such information. I understand that Norfolk Airport Authority® will only contact my present employer if I have so authorized in my employment application. I understand any offer of employment is made contingent upon my passing a pre-employment, drug screening and a satisfactory criminal history background report. I agree that, if hired, I have the right to terminate my employment at any time with or without cause and with or without notice, just as the Norfolk Airport Authority may terminate my employment at any time, with or without cause or notice. I understand that no manager or representative of the Norfolk Airport Authority®, other than its Executive Director or his/her designee, has or had any authority to enter into any agreement limiting the Norfolk Airport Authority's right to terminate my employment at any time with or without cause or notice. I further understand that such an agreement limiting the Norfolk Airport Authority's® right to terminate my employment must be in writing and signed by the Executive Director or his/her designee for it to be binding on either the Norfolk Airport Authority® or myself. I further understand that this statement supersedes any prior oral or written understanding to the contrary and bars any future understanding to the contrary. The Norfolk Airport Authority® has a policy that prohibits smoking by all employees while on duty. I hereby acknowledge that I am aware of said policy and agree to abide by same. If employed, I agree to abide by all rules, regulations, and policies of the Norfolk Airport Authority®. I agree to disclose any non-competition agreement with a previous employer that may be binding on me. I understand that this application in no way obligates the Norfolk Airport Authority® to hire me. I declare that the information provided by me is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on this application may prevent an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered. EOE/F/M/Vet/Disabled.

I agree to be bound to the above "Agreement and Certification."

Signature

Date

(OFFICE USE ONLY, DO N	OT WRITE BELOW THIS SPACE)
Position Offered:	
Date Offered:	Offered by:
Starting Date:	Starting Rate:

NORFOLK AIRPORT AUTHORITY VOLUNTARY INVITATION TO SELF-IDENTIFY For Applicant (Pre-Offer)

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite qualified applicants to voluntarily self-identify their race or ethnicity, gender, and veteran status (if applicable). Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information you submit will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name		Address:	
Position Ap	plied For:		
Gender:	🗌 Male 🛛 🗌 Female		
Please sele	ect <u>only one</u> of the choices below:	Explanations of these categories	are listed on the 2 nd page of this form)
Ethnicity:	Hispanic or Latino		
Race:	☐White (not Hispanic or Latino) ☐American Indian or Alaskan Nat	tive (not Hispanic or Latino)	

Black or African American (not Hispanic or Latino)

- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)

Two or more races (not Hispanic or Latino)

Declines Self-Identification

SPECIAL NOTICE TO PROTECTED VETERANS:

Regulations issued by the U.S. Department of Labor with respect to Vietnam Era veterans and other protected veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary and confidential basis for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

If you believe you belong to any of the categories of protected veterans, listed on the 2nd page of this form, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the classifications of protected veterans	
I am not a protected veteran	

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	u	110	20	uı.	c	2.0	
	0		1.7		-		

Date:

This form should be completed and returned to Norfolk Airport Authority as soon as possible. Please return to: 2200 Norview Avenue, Norfolk, VA 23518 Fax Number: (757) 857-3364

AN EQUAL OPPORTUNITY EMPLOYER

NORFOLK AIRPORT AUTHORITY VOLUNTARY INVITATION TO SELF-IDENTIFY For Applicant (Pre-Offer)

EXPLANATION OF THE CATEGORIES:

- Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, and of the White Race.
- · White: A person having origins in any of the original peoples of Europe, North Africa or the Middle East
- Black (or African American): A person having origins in any of the black racial groups of Africa.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the above five
 races.
- Disabled Veteran is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - o a person who was discharged or released from active duty because of a service-connected disability
- Recently Separated Veteran means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- Active Duty Wartime or Campaign Badge Veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

AN EQUAL OPPORTUNITY EMPLOYER

Voluntary Self-Identification of Disability

Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2020 Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to gualified people with disabilities.ⁱ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
 Autism
- Bipolar disorder
- Deafness
 Cerebral palsy
 Major depression HIV/AIDS
- Cancer
- Epilepsy
 - Muscular dystrophy
- Multiple sclerosis (MS)
- Diabetes Schizophrenia Missing limbs or
 - partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- П I DON'T WISH TO ANSWER

Your Name (please print)

Today's Date

Voluntary Self-Identification of Disability

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at <u>www.dol.gov/ofccp</u>.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

employment agencies and labor organizations are protected under Federal law from discrimination on the following bases: Applicants to and employees of most private employers, state and local governments, educational institutions,

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

DISABILITY

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

GENETICS

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

RETALIATION

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at www.eeoc.gov or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at www.eeoc.gov.

Employers Holding Federa	Employers Holding Federal Contracts or Subcontracts
Applicants to and employees of companies wi are protected under Federal law fror	Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:
RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment. INDIVIDUALS WITH DISABILITIES	three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).
Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making	RETALIATION Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.
reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals	Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:
DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within	The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at OFCCP-Public@dol.gov, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.
Programs or Activities Receivi	Programs or Activities Receiving Federal Financial Assistance
RACE, COLOR, NATIONAL ORIGIN, SEX In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.	INDIVIDUALS WITH DISABILITIES Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job. If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.
EEOC 9/02 and OFCCP 8/08 Versions Useable With 11/09 Supplement	EEOC-P/E-1 (Revised 11/09)

"EEO is the Law" Poster Supplement

Employers Holding Federal Contracts or Subcontracts Section Revisions

The Executive Order 11246 section is revised as follows:

RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN

Executive Order 11246, as amended, prohibits employment discrimination based on race, color, religion, sex, sexual orientation, gender identity, or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

PAY SECRECY

Executive Order 11246, as amended, protects applicants and employees from discrimination based on inquiring about, disclosing, or discussing their compensation or the compensation of other applicants or employees.

The Individuals with Disabilities section is revised as follows:

INDIVIDUALS WITH DISABILITIES

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals with disabilities from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship to the employer. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

The Vietnam Era, Special Disabled Veterans section is revised as follows:

PROTECTED VETERANS

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits employment discrimination against, and requires affirmative action to recruit, employ, and advance in employment, disabled veterans, recently separated veterans (i.e., within three years of discharge or release from active duty), active duty wartime or campaign badge veterans, or Armed Forces service medal veterans.

Mandatory Supplement to EEOC P/E-1(Revised 11/09) "EEO is the Law" Poster.

If you believe that you have experienced discrimination contact OFCCP: 1-800-397-6251 | TTY 1-877-889-5627 | www.dol.gov.