APPLICATION FOR EMPLOYMENT



584 AIRPORT ROAD BOX 1 LEWISBURG, WV 24901 PHONE (304) 645-3961

MAILING ADDRESS CITY STATE ZIP CODE PHONE (MAIN) PHONE (ALTERANATE) EMAIL POSITION DESIRED POSITION OR TYPE OF EMPLOYMENT (PLEASE CHECK) FULL TIME PART TIME (CITY OPERATION. ARE YOU WILLING TO ACCEPT A VARIABLE SCHEDULE? Y/N ARE YOU ABLE TO PERFORM THE JOB FUNCTIONS WITHOUT REASONABLE ACCOMODATIONS? (PLEASE CHECK) YOU NEED TO GIVE CURRENT EMPLOYER? POSITION OR TYPE OF EMPLOYMENT (PLEASE CHECK) (P	GENERAL INFORM	<i>MATIO</i>	<mark>)N</mark>								
POSITION DESIRED POSITION OR TYPE OF EMPLOYMENT (PLEASE CHECK) FULL TIME (PLUT IME (PLEASE CHECK) FULL TIME (PLEASE CHE	NAME (LAST)		(F	FIRST)				MIDDLE INITIAL			
POSITION DESIRED POSITION OR TYPE OF EMPLOYMENT PLANT TIME	MAILING ADDRESS		 			CITY			STATE	ZIP C	ODE
POSITION OR TYPE OF EMPLOYMENT WILL ACCEPT (PLEASE CHECK) FULL TIME (PLEASE CHECK) FULL TIME (PLEASE CHECK) FULL TIME (PLEASE CHECK) PRICE TIME (PLEASE CHECK)	PHONE (MAIN)	P	PHONE (ALTERANATE)		EMAIL					
PEDUCATION NAME OF HIGH SCHOOL, TRADE SCHOOL, ETC. NAME AND LOCATION OPERATION. ARE YOU WILLING TO ACCEPT A VARIABLE SCHEDULE? Y/N OPERATION. ARE YOU WILLING TO ACCEPT A VARIABLE TO BEGINE TO	POSITION DESIRE	<mark>D</mark>									
DESIRED SALARY IF CURRENTLY EMPLOYED, HOW MUCH NOTICE DO YOU NEED TO GIVE CURRENT EMPLOYER? IF HIRED-DATE AVAILABLE TO BEGIN WORK? EDUCATION NAME OF HIGH SCHOOL ADDRESS OF HIGH SCHOOL ATTENDED CERTIFICATES EARNED CERTIFICATES EARNED COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL, ETC. NAME AND LOCATION OBTAINED? COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL, ETC. NAME AND LOCATION OBTAINED? DEGREE NAME AND LOCATION OBTAINED?	POSITION OR TYPE OF EM	PLOYME	ENT	(PLEASE	CHECK)	ТІМЕ)	OP	ERATION. ARE YO	U WILLING	G TO	
FDUCATION NAME OF HIGH SCHOOL YEAR GRADUATED COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL, ETC. NAME AND LOCATION OBTAINED? COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL, ETC. NAME AND LOCATION OBTAINED? COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL, ETC. NAME AND LOCATION OBTAINED? DEGREE NAME AND LOCATION OBTAINED?	ARE YOU ABLE TO PERFOR	RM THE J	JOB FUN	ICTIONS WITHOU	T REASC	ONABLE .	ACC		СНЕСК)	YES	NO
NAME OF HIGH SCHOOL YEAR GRADUATED COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL, ETC. NAME AND LOCATION OBTAINED? COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL, ETC. MAJOR/COURSE STUDY COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL, ETC. NAME AND LOCATION OBTAINED? DEGREE NAME AND LOCATION OBTAINED?				•			00		VAILABLE	TO BE	GIN
YEAR GRADUATED COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL, ETC. NAME AND LOCATION OBTAINED? MAJOR/COURSE STUDY COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL, ETC. NAME AND LOCATION OBTAINED? DEGREE NAME AND LOCATION OBTAINED?	EDUCATION										
COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL, ETC. NAME AND LOCATION OBTAINED? YES NO MAJOR/COURSE STUDY COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL, ETC. NAME AND LOCATION OBTAINED?	NAME OF HIGH SCHOOL				ADDRI	ESS OF H	IIGH	SCHOOL ATTENDE	D.		
NAME AND LOCATION OBTAINED? YES NO MAJOR/COURSE STUDY COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL, ETC. NAME AND LOCATION OBTAINED? DEGREE NAME AND LOCATION	YEAR GRADUATED				CERTIF	FICATES	EARI	NED			
MAJOR/COURSE STUDY COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL, ETC. NAME AND LOCATION OBTAINED? DEGREE	NAME AND LOCATION	OL, TRA	DE SCHO	OOL, ETC.							
NAME AND LOCATION OBTAINED?	MAJOR/COURSE STUDY									YES	NO
	NAME AND LOCATION	OL, TRA	DE SCHO	OOL, ETC.						DEGI	REE
										YES	NO

EDUCATION CONTINUED			
NAME OF HIGH SCHOOL	ADDRESS OF HIGH SCHOOL ATTER	NDED	
YEAR GRADUATED	CERTIFICATES EARNED		
MAJOR/COURSE STUDY			
COLLEGE, BUSINESS SCHOOL, TRADE SCHOOL, ETC. NAME AND LOCATION OBTAINED?			EGREE
MAJOR/COURSE STUDY		YES	S NO
MILITARY EXPERIENCE			
ARE YOU CURRENTLY SERVING OR DO YOU HAVE PREV	IOUS MILITARY EXPERIENCE? (PLEASE (CHECK) YES	NO
CERTIFICATES AND LICENSES			
Туре			
Date Issued:	Expiration Date:		
License Number:			
Issuing Agency:			
Time			
Туре			
Date Issued:	Expiration Date:		
License Number:			
Issuing Agency:			

<mark>SKILLS</mark>

kill:			
NORK EXPERIENCE (A			
FROM (MONTH/YEAR) TO (N	MONTH/YEAR)		
NAME OF EMPLOYER		TELEDIJONE NUM	ADED
NAME OF EMPLOYER		TELEPHONE NUM	VIBER
ADDRESS OF EMPLOYER			
OB TITLE	SALARY	SUPERVISOR	
REASON FOR LEAVING			
OUTIES PERFORMED			
IAY WE CONTACT THE EMPLOY	VEDS VES NO		
AT WE CONTACT THE LIVIT LOT	ILN: ILS NO		
FROM (MONTH/YEAR) TO (N	MONTH/YEAR)		
	ЛОNTH/YEAR)	TELEPHONE NUM	BER
	ИONTH/YEAR)	TELEPHONE NUM	BER
FROM (MONTH/YEAR) TO (N NAME OF EMPLOYER ADDRESS OF EMPLOYER	ЛОNTH/YEAR)	TELEPHONE NUM	BER
NAME OF EMPLOYER ADDRESS OF EMPLOYER			BER
NAME OF EMPLOYER ADDRESS OF EMPLOYER	MONTH/YEAR) SALARY	TELEPHONE NUM SUPERVISOR	BER
NAME OF EMPLOYER ADDRESS OF EMPLOYER OB TITLE			BER
NAME OF EMPLOYER			BER

		<mark>UED</mark>	
FROM (MONTH/YEA	R) TO (MONTH/YE	EAR)	
NAME OF EMPLOYER	₹		TELEPHONE NUMBER
ADDRESS OF EMPLO	YER		
JOB TITLE		SALARY	SUPERVISOR
REASON FOR LEAVIN	IG		
DUTIES PERFORMED			
MAY WE CONTACT TH	HE EMPLOYER? YES_	NO	
REFERENCES -			
	Please provide three	e references that we may contact (no rela	tives please)
NAME:	Please provide three		PHONE NUMBER:
NAME:	- Please provide three	TELE	
NAME:	- Please provide three	TELE	PHONE NUMBER:
NAME: NAME:	- Please provide three	TELE	PHONE NUMBER: PHONE NUMBER:

PLEASE SUBMIT ALL APPLICATIONS AT GVA ADMINISTRATIVE OFFICES LOCATED IN THE AIRLINE TERMINAL DURING NORMAL BUSINESS HOURS MON-FRI 8:00AM-4:00PM.

DATE

or Email: martha@gvairport.com