



ROUTT COUNTY YAMPA VALLEY REGIONAL AIRPORT APPLICATION FOR EMPLOYMENT

MEMORANDUM

TO: Applicants for Yampa Valley Regional Airport Positions

FROM: Human Resources

RE: Application Process

Thank you for your interest in working for the **Yampa Valley Regional Airport**. Please review and complete all the required job application documents.

A completed **Airport Application Packet** can be delivered to:

1. Human Resources, 136 6th Street, Steamboat Springs, CO
2. E-mailed to humanresources@co.routt.co.us
3. Faxed to 970-870-5362
4. Mailed to Routt County Human Resources, PO Box 773598, Steamboat Springs, CO 80477-3598.

All application paperwork must be received on or before the due date and time listed on the job opportunity posting.

For questions, assistance or an accommodation please contact Human Resources at: 970-870-5361.

IMPORTANT: Applications must be complete and accompanied by a cover letter to be considered.

Following our review and evaluation of the applications, we will notify those individuals selected for interviews.

ALL APPLICANTS FOR CDL POSITIONS PLEASE NOTE: Failure to successfully pass the drug screening and back-ground check will result in disqualification from employment.

We appreciate your interest in working for the Yampa Valley Regional Airport and your desire to serve the community.

ROUTT COUNTY APPLICATION FOR EMPLOYMENT

Routt County, Colorado, ("County") is an equal opportunity employer and political affiliation, age, color, disability, gender identity, genetic information, military or veteran status, national origin, race, religion, sex, sexual orientation or any other applicable status protected by federal, state or local law, are not taken into account in any employment decision. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

The County is not a "contractor" as that term is used in Executive Order 11246 (Office of Federal Contract Compliance Programs). However, the County will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Job Applying for: _____ Today's Date _____

Where did you hear about this job? _____

Are you seeking: Full-time Part-time Seasonal employment?

When could you start work? _____

Last Name	First Name	Middle Name	Telephone Number	
Present Address (Physical and Mailing)		City	State	Zip Code
Are you 18 years of age or older? (if you are hired, you may be required to submit proof of age)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If hired, can you furnish proof that you are eligible to work in the U.S.?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Have you ever applied to Routt County before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Were you previously employed by Routt County?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." Exclude minor traffic violations.			
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, give details _____ (A conviction will not necessarily disqualify an applicant for employment.)			

If employed, do you expect to be engaged in any additional business or employment outside of our job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes give details _____		

EDUCATION

List Name and Address of Schools

(You may be asked to furnish a transcript as proof that the diploma/degree was obtained)

Number of Years Completed	Diploma/ Degree Certificate
---------------------------------	-----------------------------------

High School or GED: _____

College or University: _____

Subjects Studied: _____

Vocation or Technical: _____

Subjects Studied: _____

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that relate to the job for which you are applying? _____

For Driving Jobs: Do you have a valid driver's license?

Yes

No

Driver's License No.: _____ Class of License: _____ State Licensed In: _____

Have you had your driver's license suspended or revoked in the last 3 years?

Yes

No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal political affiliation, age, color, disability, gender identity, genetic information, military or veteran status, national origin, race, religion, sex, sexual orientation or any other applicable status protected by federal, state or local law or other protected status.)

WORK HISTORY

List names of employers in consecutive order with present employer listed first. Account for all periods of time including military service and periods of unemployment. If self-employed, give firm name and supply business references. **Note:** A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer _____ Supervisor(s) _____

Address _____ Employed from (mo/yr) _____ To(mo/yr) _____

Telephone _____ Hourly Rate - Start \$ _____ Final \$ _____

Title _____ Reason for Leaving _____

Duties: _____

Name of Employer _____ Supervisor(s) _____

Address _____ Employed from (mo/yr) _____ To(mo/yr) _____

Telephone _____ Hourly Rate - Start \$ _____ Final \$ _____

Title _____ Reason for Leaving _____

Duties: _____

Name of Employer _____ Supervisor(s) _____

Address _____ Employed from (mo/yr) _____ To(mo/yr) _____

Telephone _____ Hourly Rate - Start \$ _____ Final \$ _____

Title _____ Reason for Leaving _____

Duties: _____

Name of Employer _____ Supervisor(s) _____

Address _____ Employed from (mo/yr) _____ To(mo/yr) _____

Telephone _____ Hourly Rate - Start \$ _____ Final \$ _____

Title _____ Reason for Leaving _____

Duties: _____

Have you worked or attended school under any other names? Yes No .

If yes, give names: _____

Are you presently employed? Yes No .

If yes, whom do you suggest we contact at your current employment? _____

Have you ever been fired from a job or asked to resign? Yes No .

If yes, please explain: _____

REFERENCES

List three references, not relatives or former employers.

Name

Address

Phone

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE COUNTY COMMISSIONERS OF ROUTT COUNTY HAVE THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE COUNTY COMMISSIONERS AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

YAMPA VALLEY REGIONAL AIRPORT AUTHORIZATION TO RELEASE INFORMATION

Full Name: _____

Date of birth: _____

Social Security No _____

Driver's License No.: _____

Please Read Each Statement Carefully Before Signing

I certify that all information provided in this employment application is true and complete. I understand any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request a background investigation and a consumer report. The report may include information as to my character; reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, school and others. I understand I have a right to make a written request within a reasonable time for the disclosure for the name and address of the consumer reporting agency so that I may request a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination and consent to the s requirement at any time.

I further certify that I am aware of and understand the instructions, conditions and other information provided in this document.

Signature of Applicant

Date: _____

YAMPA VALLEY REGIONAL AIRPORT

Please complete the following to be submitted with the Routt County Application.

CRIMINAL HISTORY:

List all arrests and detainments by the police, including traffic violations in the last 10 years:

- | | | |
|---|------------------------------|-----------------------------|
| Have you ever been arrested for driving while intoxicated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been denied issuance of a driver's license | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever had your driver's license suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been involved in a traffic accident in the past three (3) years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

HAVE YOU EVER BEEN CONVICTED OR FOUND NOT GUILTY BY REASON OF INSANITY, OF ANY OF THE FOLLOWING IN THE PAST TEN (10) YEARS? Yes No

- Yes No Forgery of Certificates, false making of aircraft, and any other aircraft registration.
- Yes No Violation (49 U.S.C 46306).
- Yes No Interference with air navigation (49 U.S.C. 46308).
- Yes No Improper transportation of hazardous material (49 U.S.C 46312).
- Yes No Aircraft Piracy (49 U.S.C. 46502).
- Yes No Interference with flight crew members or attendants (49 U.S.C 46504).
- Yes No Commission of certain crimes aboard aircraft in flight (49 U.S.C 46506).
- Yes No Carrying a weapon or explosive aboard an aircraft (49 U.S.C. 46505).
- Yes No Conveying false information or threats (49 U.S.C. 46507).
- Yes No Aircraft piracy outside the special aircraft jurisdiction of the United States (49 U.S.C. 46502-b).
- Yes No Violations involving transporting of controlled substances (49 U.S.C. 46315).
- Yes No Unlawful entry into an aircraft or airport area that serves air carriers, foreign or domestic (49 U.S.C. 46314).
- Yes No Destruction of an aircraft or aircraft facility (18 U.S.C. 32).
- Yes No Murder.
- Yes No Assault with intent to murder.

- Yes No Espionage.
- Yes No Sedition.
- Yes No Kidnapping or hostage taking.
- Yes No Treason.
- Yes No Rape or aggravated sexual abuse.
- Yes No Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.
- Yes No Extortion.
- Yes No Armed robbery.
- Yes No Illegal use of, distribution of (or the intent to distribute) a controlled substance.
- Yes No Felony arson.
- Yes No Felony unarmed robbery.
- Yes No A Felony involving a threat.
- Yes No Willful destruction of property.
- Yes No Importation or manufacture of a controlled substance.
- Yes No Burglary.
- Yes No Theft.
- Yes No Dishonesty, fraud, or misrepresentation.
- Yes No Possession or distribution of stolen property.
- Yes No Aggravated assault.
- Yes No Bribery.
- Yes No Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year, or any other crime classified as a felony that the administrator determines indicates a propensity for placing contraband aboard an aircraft in return for money.
- Yes No Conspiracy or attempt to commit any of these acts or crimes listed here.

AFFIRMATIVE ACTION INFORMATION

It is the policy of Routt County to provide equal employment opportunity to all qualified applicants for employment without regard to political affiliation, age, color, disability, gender identity, genetic information, military or veteran status, national origin, race, religion, sex, sexual orientation or any other applicable status protected by federal, state or local law. The County is not a "contractor" as that term is used in Executive Order 11246 (Office of Federal Contract Compliance Programs). However, as an Equal Opportunity Employer we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT

Name _____ Date _____
Last First Middle

Position applied for (list only one) _____

Race/Ethnicity (You may mark one or more of the following):

- White** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- 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.
- 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 (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.
- I elect not to identify.

Sex:

- Male Female
- I elect not to identify.

Signature _____

VETERANS INVITATION TO SELF-IDENTIFY

Routt County is an equal opportunity employer; as such we take action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “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**
 - A person who was discharged or released from active duty because of a service-connected disability.
- A “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.
- An “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.
- An “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.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

VETERANS INVITATION TO SELF-IDENTIFY

Routt County is an Equal Opportunity Employer; as such we invite all applicants to identify themselves as indicated below.

PLEASE PRINT

Name _____ Date _____
Last First Middle

Job Title Applied/Hired for (*list only one*) _____

Signature _____

If you believe you belong to any of the categories of protected veterans listed on page one, please indicate by checking the appropriate box below.

As an Equal Opportunity Employer we request this information in order to measure the effectiveness of our outreach and positive recruitment efforts.

- I identify as one or more of the classifications of protected veterans listed on page one
- I am not a protected veteran
- I decline to self-identify

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam era veterans' readjustment assistance act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the office of federal contract compliance programs, or enforcing the Americans with disabilities act, may be informed.

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CONTINUE TO THE NEXT PAGE.

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 qualified people with disabilities.¹ 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
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

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

Your Name

Today's Date

Voluntary Self-Identification of Disability

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

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 www.dol.gov/ofccp.

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.