



# Yampa Valley Regional Airport Employment Application

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 Office, 136 6th Street, Steamboat Springs, CO Suite 107 - Courthouse Annex Building (behind Historic Courthouse) or YVRA Airport, 2nd Floor of Terminal.
2. E-mail: [humanresources@co.routt.co.us](mailto:humanresources@co.routt.co.us)
3. Faxed: 970-870-5362
4. Mail: Routt County Human Resources,  
136 6th St., Suite 107, Steamboat Springs, CO 80484.

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.**

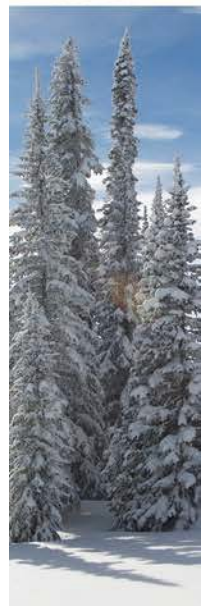
### **IMPORTANT:**

Some job postings require only **a complete and signed application**, other job applications **require three items: 1) a cover letter, 2) a resume and 3) a complete and signed application form. Please review the job posting carefully.**

Following review and evaluation of the applications, applicants selected for an interview will be contacted.

**All applicants for Commercial Driver's License (CDL) positions: Failure to successfully pass the drug screening and background 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 YVRA AIRPORT

## 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 Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Where did you hear about this job? \_\_\_\_\_

Are you seeking:      Full-time      Part-time      Seasonal      Temporary      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?<br><small>(if you are hired, you may be required to submit proof of age)</small> |                        | Yes         | No               |          |
| If hired, can you furnish proof that you are eligible to work in the U.S.?   |                        | Yes         | No               |          |

Have you ever applied to Routt County before?    Yes                      No                      If yes, when? \_\_\_\_\_

Were you previously employed by Routt County?    Yes                      No                      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                      No

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 No  
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 Number \_\_\_\_\_ 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, race, creed, color, national origin, ancestry, sex, sexual orientation, age, religion, handicap, disability, veteran status, 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 (include DD214) 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 \_\_\_\_\_ Job Title Start \_\_\_\_\_ Job Title End \_\_\_\_\_  
Email \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

**Name of Employer** \_\_\_\_\_ Supervisor(s) \_\_\_\_\_  
Address \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_  
Telephone \_\_\_\_\_ Job Title Start \_\_\_\_\_ Job Title End \_\_\_\_\_  
Email \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

**Name of Employer** \_\_\_\_\_ Supervisor(s) \_\_\_\_\_  
Address \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_  
Telephone \_\_\_\_\_ Job Title Start \_\_\_\_\_ Job Title End \_\_\_\_\_  
Email \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_

**Name of Employer** \_\_\_\_\_ Supervisor(s) \_\_\_\_\_  
Address \_\_\_\_\_ Employed from (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_  
Telephone \_\_\_\_\_ Job Title Start \_\_\_\_\_ Job Title End \_\_\_\_\_  
Email \_\_\_\_\_ 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 | Email 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:

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- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 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.



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CONTINUE TO THE NEXT PAGE.

**APPLICANT AFFIRMATIVE ACTION INFORMATION**

It is the policy of this Routt County to provide equal employment opportunity to all qualified applicants for employment without regard to of 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**

\_\_\_\_\_

|                  |                   |               |             |
|------------------|-------------------|---------------|-------------|
| <b>Last Name</b> | <b>First Name</b> | <b>Middle</b> | <b>Date</b> |
|------------------|-------------------|---------------|-------------|

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 person who identify with more than one of the above races.

**I elect not to identify.**

**Sex:**

Male                  Female

I elect not to identify.

**Signature**

\_\_\_\_\_

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CONTINUE TO THE NEXT PAGE.

## 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 \_\_\_\_\_

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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.

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**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.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_