REGIONAL AIRPORT (PKB) MOV

MID-OHIO VALLEY REGIONAL AIRPORT (PKB)
P.O. Box 4089, Parkersburg, WV 26104 **P**: 304.464.5113 **F**: 304.464.5112 www.flymov.com

APPLICANT INFORMATION								
Name (Last, First)						**Application Date**		
Address				**Apartment/Unit #**		**City**		
State		**Zip**		**Phone**		**E-mail Address**		

EMPLOYMENT POSITION

Position Applying For _____ Date Available: _____

How did you hear about this position? _____

How many hours per week are you available to work? _____

What days are you available to work? _____

Are you able to work overtime, if needed?	Yes	No
Are you available to be on-call, if needed?	Yes	No
Do you have reliable transportation to and from work?	Yes	No

PERSONAL INFORMATION

Do you have any family, friends or acquaintances working for the MOV Regional Airport?	Yes	No
If yes, state name and relationship: _____		
Are you 18 years of age or older?	Yes	No
Are you a U.S. citizen or approved to work in the United States?	Yes	No
Do you have a valid drivers license?	Yes	No
Will you consent to mandatory controlled substance testing?	Yes	No
Have you been convicted of a criminal offense? (Felony or Misdemeanor)	Yes	No

If yes, please state the nature of the criminal offense: _____

JOB SKILLS/QUALIFICATIONS

Please list any skills or qualifications you possess for the job in which you are applying:

_____

_____

_____

_____

_____

(Note: Mid-Ohio Valley Regional Airport complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

EDUCATION AND TRAINING

High School

Name	Location (City, State)	Year Graduated	Degree/Certificate Earned

College/University

Name	Location (City, State)	Year Graduated	Degree/Certificate Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree/Certificate Earned

Previous Employment

Employer Name		Job Title		Dates	
Employer Phone		City		State, Zip	
Reason for leaving:					

Employer Name		Job Title		Dates	
Employer Phone		City		State, Zip	
Reason for leaving:					

Employer Name		Job Title		Dates	
Employer Phone		City		State, Zip	
Reason for leaving:					

References

Name	Relation	Contact Information

Applicant Signature: _____

Bring application to the Airport Authority Office or E-mail application to sydnie.beall@flymov.com