

DEPARTMENT OF PORT CONTROL
BID FORM



Position: _____ Date: _____

Name: _____

Address: _____

Home Phone: _____ Cellphone: _____

CURRENT CITY EMPLOYMENT:

Department/Division: _____

City Seniority Date: _____ Class Seniority Date: _____

Title: _____ Union: _____

Brief Job Description: _____

QUALIFICATIONS FOR THIS POSITION: (Attach copies of your High School Diploma or GED and any related certifications)

Education: _____

Experience: _____

Reason for Applying for Position: _____

SUBMIT COMPLETED FORM TO: Email lalnazer@clevelandairport.com or Lana Alnazer at the Department of Port Control, Human Resources, Cleveland Hopkins International Airport, 5300 Riverside Drive PO Box 81009 Cleveland OH 44181-0009 by 4:30 p.m. Friday June 28, 2024.

FOR OFFICE USE ONLY:

RECEIVED BY: _____ DATE: _____

NEOGOV# _____ REVIEWED BY: _____ DATE: _____