

PORT OF GRAYS HARBOR

APPLICATION FOR EMPLOYMENT

Port of Grays Harbor is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

Instructions: All questions MUST be answered. Print your answers in ink. The manner in which you complete this form will have some bearing on the consideration it receives.

INTRODUCTORY INFORMATION:

Name _____ Date _____
First Middle Last

Street Address _____
Address City St Zip

Mailing Address _____
Address City St Zip

Phone: Day _____ Night _____

APPLICANT QUESTIONS:

Position Applying for _____ or Type of Work Desired _____

Salary desired \$ _____ Least acceptable \$ _____ If accepted, when can you start? _____
Monthly

Which shifts are you available to work? Day shift ___ Swing shift ___ Graveyard (mid) shift ___ Preference _____

If position applied for is seasonal, what is latest date you can work? _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No

Do you possess, or can you obtain, a valid Washington State Driver's License if required for the job? Yes No

Have you ever been employed by the Port before? _____ Ever applied before? _____
Yes or No From - To Yes or No Date(s)

List any relatives employed by the Port _____
List Name and Relationship of each

Who or what influenced you to seek employment at the Port? _____

What are your long-range career goals: _____

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? Yes No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

EDUCATION:

High School or last grade completed:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

College or Technical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

SKILLS:

In this section, complete the items which relate to the position for which you are applying.

What professional licenses or certifications do you hold? _____

What computer equipment and/or software have you used and indicate your level of proficiency with each _____

List other machinery or heavy equipment you can operate and/or maintain _____

MILITARY EXPERIENCE:

Branch of Service _____ From _____ To _____

Rank/Type of Service _____

Job-related Training / Experience _____

WORK-RELATED REFERENCES: (Do not include relatives)

	Name	Occupation	Years Known	Contact Information
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

EMPLOYMENT RECORD:

List positions starting with most recent

Dates From Mo/Yr To Mo/Yr	Name and Address of Employer	A. Your Title B. Your Supervisor C. Title of Supervisor	Description of Duties	Start Pay End Pay	Reason for Leaving
1 (Most Recent)				\$	
From				to	
To				\$	
2				\$	
From				to	
To				\$	
3				\$	
From				to	
To				\$	
4				\$	
From				to	
To				\$	
5				\$	
From				to	
To				\$	

Which of the above positions did you like the best? _____ Why? _____

Which did you like the least? _____ Why? _____

May we contact your present employer? _____

STATEMENT (Please read this statement carefully before signing this application):

I, _____, authorize the PORT to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the PORT, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____

Date Signed: _____

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