

# 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? \_\_\_\_\_

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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?  Yes  No From - To \_\_\_\_\_ Ever applied before?  Yes  No Date(s) \_\_\_\_\_  
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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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. _____	''' <del>XXXX</del> _____	Á _____	_____
2. _____	''' <del>XXXX</del> _____	Á _____	_____
3. _____	''' <del>XXXX</del> _____	Á _____	_____

**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
<b>1</b> (Most Recent)				\$	
From				to	
To				\$	
<b>2</b>				\$	
From				to	
To				\$	
<b>3</b>				\$	
From				to	
To				\$	
<b>4</b>				\$	
From				to	
To				\$	
<b>5</b>				\$	
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:** \_\_\_\_\_