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		<u></u>		Date					
First	Middle	Last							
Street Address									
	Address		City	St	Zip				
Mailing Address									
	Address		City	St	Zip				
Phone: Day		Night			_				

APPLICANT QUESTIONS:								
osition Applying for or Type of Work Desired								
Salary desired \$ Least acceptable \$ If accepted, when can you start?								
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.?YesN	10							
Are you 18 years of age or older?	lo							
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? Ever applied before?								
List any relatives employed by the Port								
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: Number of years completed: Course of Study: Degree/Diploma: College or Technical School Name & Address of School: _____ Number of years completed: _____ Course of Study: Degree/Diploma: **Other Schooling or Training** Name & Address of School: Number of years completed: Course of Study: 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 ______ 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 TitleB. Your SupervisorC. Title of Supervisor	Description of Duties	Reason for Leaving				
1 (Most Recent)								
From								
То								
2								
From								
То								
3								
From								
То								
4								
From								
То								
5								
From								
То								
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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