



Application for Employment

INSTRUCTIONS: Please complete this application, answering all questions to the best of your ability. Items that do not apply should be noted "Not Applicable" or "N/A".

Position for which you are applying:	Date available for work
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Name (last, first, middle initial)	Date	
Address (street, city, state, zip)		
Home phone:	Work phone:	Cell phone:
e-mail address:		

Are you legally eligible for employment in the United States? (Appropriate documentation will be required upon hire.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you under the age of 18? (If under 18, authorization forms will be required from your parent or guardian and from school authorities in order to work.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Within the past 7 years have you been convicted of a criminal offense or served time in jail following conviction of a crime? (A conviction record will not necessarily bar you from employment.)
Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:

Do you have relatives employed by the Port?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, list name and relationship:		

With or without reasonable accommodation, are you able to perform the essential functions of the position for which you are applying?

Yes No

EDUCATIONAL BACKGROUND

	Name & Location of School	# of Years Completed	Graduate?	Major or Degree	Professional License or Certification*
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>		
College			Yes <input type="checkbox"/> No <input type="checkbox"/>		
College			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Trade School			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>		

*Transcripts and copies of Professional License or Certifications are required upon hire.

Please list any special training, skills, or certifications:

EMPLOYMENT BACKGROUND

List all current and former employers beginning with the most recent, including military and volunteer service. Please account for all periods between jobs. You may attach additional sheets if necessary.

Employer	From	To	Supervisor
Address			Phone #
Job Title			
Duties			
Reason for leaving			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Final wage/salary: \$	

Employer	From	To	Supervisor
Address			Phone #
Job Title			
Duties			
Reason for leaving			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Final wage/salary: \$	

Employer	From	To	Supervisor
Address			Phone #
Job Title			

Duties	
Reason for leaving	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Final wage/salary: \$

Employer	From	To	Supervisor
Address			Phone #
Job Title			
Duties			
Reason for leaving			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			Final wage/salary: \$

Employer	From	To	Supervisor
Address			Phone #
Job Title			
Duties			
Reason for leaving			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			Final wage/salary: \$

I understand that:

1. All of the information that I have supplied in this application is a full and complete statement of facts. Falsification of information in this application may result in cancellation of this application; and if employed, will be considered just cause for immediate dismissal.
2. This application is not a contract for employment.
3. Pursuant to District policy, applicants who are offered employment may be scheduled for a job-related physical examination and a drug screen. Passing this screening process is a condition of employment.
4. In making this application for employment, I authorize the District to make such investigations and inquiries of my personal, employment, educational and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

Applicant's Signature_____ Date_____