



APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

The Port of Port Angeles is an <u>Equal Opportunity Employer</u>. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status or any other characteristic protected by law.

Incomplete information could disqualify you from further consideration. Please complete the entire application. 'See resume' will not be accepted.

(PLEASE PRINT)

Position(s) Applied for: ______ Date of Application: _____

How did you learn about us? Advertisement Relative Inquiry	Employment Agency Friend Other:		
Last Name: First Name:	Middle Name:		
Address:	Apartment #:		
City:	State: Zip:		
Primary Phone Number:	Personal Email Address:		
Are you under 18 years of age?			
Do any of your friends or relatives work for the Port of Port Angeles? Yes No If yes, provide name and relationship with employee.			
Are you currently employed? Yes No Ma	ay we contact your current employer?		
Date available to work:	Desired salary range:		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?			

(Proof of citizenship or immigration status will be required upon employment). Yes No

EDUCATION Circle the highest grade completed: 8 9 10 11 12 Some College AA/AS Bachelors Masters PhD High School Graduate or GED? Yes No Name of high school, Academic Major, **Number of Years** Degree college or vocational school Skill or Trade Attended Earned & location **MILITARY SERVICE** Branch Date From: Date To: Rank at Discharge Responsibilities: **SKILLS & LICENSES** Describe any training, licenses, skills and civic, professional, trade, business or extra-curricular activities relative to this position:

WORK HISTORY Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Dates of Employment (Month/Year) From: To:	Title of Position:
Employer Name	Employer Address & Phone Number:
Name and Title of Immediate Supervisor:	Reason for leaving:
May we contact your previous supervisor for a reference?	Yes No If no, please explain.
Description of Work Performed:	
Dates of Employment (Month/Year) From: To:	Title of Position:
Employer Name	Employer Address & Phone Number:
Name and Title of Immediate Supervisor:	Reason for leaving:
May we contact your previous supervisor for a reference?	Yes No If no, please explain.
Description of Work Performed:	

WORK HISTORY CONTINUED...

Dates of Employment (Month/Year)	Title of Position:
From: To:	
Employer Name	Employer Address & Phone Number:
Limployer Name	Employer Address & Filone Number.
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Description of Work Performed:	
Dates of Employment (Month/Year)	Title of Position:
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From: To:	
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Employer Name	Employer Address & Phone Number:
Name and Title of Immediate Supervisor:	Reason for leaving:
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May we contact your previous supervisor for a reference?	Yes No If no, please explain.
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Description of Work Performed:	1
Description of work Performed.	

EMPLOYMENT GAPS & OTHER INFORMATION Please explain any gaps of employment and attach additional pages if necessary.		
REFERENCES Please list at least two professional reference	es.	
1. Name of Reference:	Relationship:	
Current Phone Number:		
2. Name of Reference:	Relationship:	
Current Phone Number:		
3. Name of Reference:	Relationship:	
Current Phone Number:		
APPLICANT'S STATEMENT		
I certify that answers given herein are true and complete.		
I authorize investigation of all statements contained in this appart at an employment decision.	olication for employment as may be necessary at arriving	
This application for employment shall be considered active for wishing to be considered for employment beyond this time per being accepted at this time.		
I hereby understand and acknowledge that, unless otherwise a with the Port of Port Angeles is of an "at will" nature, which m Employer may discharge the Employee at any time with our wi employment relationship may not be changed by any written a acknowledged in writing by an authorized executive in the Por	eans that the Employee may resign at any time and the ithout cause. It is further understood that this "at will" document or by conduct unless such change is specifically	
In the event of employment, I understand that false or mislead may result in discharge. I understand, also, that I am required Angeles.		
Signature of Applicant:	Date:	