

PORT OF SHELTON EMPLOYMENT APPLICATION

PRINT or TYPE.

APPLICANT'S NAME (Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER
MAILING ADDRESS (Number and Street)			DAYTIME TELEPHONE NUMBER
(City)	(State)	(Zip Code)	MESSAGE TELEPHONE NUMBER

POSITION FOR WHICH YOU ARE APPLYING:	
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1. GENERAL		
A. Are you currently employed by the Port of Shelton?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Are you available to work evenings and weekends if necessary?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. Have you ever been convicted by any court of a felony? (A "YES" answer will not automatically bar you from further consideration--provide details in Item H.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. Have you been convicted of a misdemeanor in the last five years? (A "YES" answer will not automatically bar you from further consideration--provide details in Item H.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E. Have you ever been dismissed or fired from a position for any reason? (A "YES" answer will not automatically bar you from further consideration--provide details in Item H.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
F. Have you ever resigned from or quit a position while under investigation or after being informed that discipline would be taken against you, or during an appeal of a disciplinary action? (A "YES" answer will not automatically bar you from further consideration--provide details in Item H.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
G. Are you legally eligible for employment in the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
H. EXPLANATIONS:		
I. Do you possess a valid Driver's License? (If "YES", fill in the information below.) License #: State Issued by: Describe any applicable endorsements or restrictions:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
J. Do you have any relatives who work for the Port of Shelton? (If "YES", provide the name(s) below.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. EDUCATION		
A. Check the highest grade completed: <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		

B. If you did not complete high school, do you have a high school equivalency diploma?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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C. Check the number of years of post-secondary education: 1 2 3 4 5 6 7

	Name and Location of Institution	Units Completed	Dates Attended	Course of Study	Degree, Diploma or Certificate Obtained
1)					
2)					
3)					
4)					
5)					

D. List below valid licenses or certificates of professional or vocational competence relevant to this application.

	License/Certificate	License/Certificate Number	Expiration Date
1)			
2)			
3)			
4)			

3. EMPLOYMENT HISTORY-- Starting with the most recent, describe ALL paid, military, and applicable volunteer experience. If you do not have adequate space on this form to provide a complete work history, please attach a resume.

From	To	Job Title		
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization		
Salary Earned \$ per		Address		Phone
Duties				
Reason for Leaving				

From	To	Job Title	
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization	
Salary Earned \$ per		Address	Phone
Duties			
Reason for Leaving			

From	To	Job Title	
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization	
Salary Earned \$ per		Address	Phone
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Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization	
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Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization	
Salary Earned \$ per		Address	Phone
Duties			
Reason for Leaving			

4. REFERENCES--Please list three professional references who know about your qualifications.			
Name	Address	Daytime Phone	Relationship
A.			
B.			
C.			
D. May we contact your current employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO

5. MISCELLANEOUS

A. When will you be available to start work?

B. How did you hear about this employment opportunity? (Please provide specific name of media whenever possible.)

- Word of Mouth
- Advertisement in:
- Internet Site:
- Email from:
- Other:

6. NOTICES

- If you are employed by the Port of Shelton, you will be required to establish your identity and authorization to work in the United States, as required by the Immigration Reform and Control Act.
- The Port of Shelton is a smoke and drug free work place. You may be required to complete a drug test prior to employment.
- The Port of Shelton is an equal opportunity employer. Applicants for employment shall be afforded equal opportunity without regard to race, color, religion, national origin, disability, gender, marital status or age.

7. CERTIFICATION

I hereby certify that the information provided by me in this application for employment is true, correct, and complete. I understand that any misstatement, failure to answer fully or omission of fact in this application may result in my not being considered in the selection process or may result in my dismissal after hire. I understand that acceptance of an offer of employment does not create a contractual obligation upon the Port of Shelton to continue to employ me in the future. For determination of my potential employment eligibility, I hereby authorize release of educational, police, criminal and employment information pertinent to the position for which I am applying. I further authorize the Port of Shelton to rely upon and use, as it sees fit, any information received from such contacts.

NAME	Signature	Date

MAIL or DELIVER your completed application to:

Port of Shelton
W 21 Sanderson Way
Shelton, WA 98584