

APPLICATION FOR EMPLOYMENT

THANK YOU FOR CONSIDERING PORT OF KALAMA IN YOUR JOB SEARCH. WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER AND DO NOT DISCRIMINATE ON THE BASIS OF SEX, AGE, RACE, COLOR, RELIGION, NATIONAL ORIGIN, MENTAL OR PHYSICAL DISABILITY, SEXUAL ORIENTATION, POLITICAL AFFILIATION, MARITAL OR VETERAN STATUS. NO APPLICATION WILL BE REJECTED AS A RESULT OF DISABILITY THAT, WITH REASONABLE ACCOMMODATION, DOES NOT PREVENT PERFORMANCE OF THE ESSENTIAL JOB DUTIES.

CONFIDENTIAL

PLEASE COMPLETE BY PRINTING IN INK OR TYPING
COMPLETE ALL QUESTIONS and SIGN YOUR NAME ON LAST PAGE

PERSONAL

NAME: _____

Last
First
Middle

ADDRESS: _____

Number
Street
Apt.

City
State
Zip Code

POSITION APPLIED FOR: _____

DATE YOU CAN START: _____

TELEPHONE: _____ HOME/MESSAGE: _____

EDUCATION/include MILITARY TRAINING				
Training	Name of School City and State	Major Subjects Or Type of Courses	Circle Last Year Completed	Did You Graduate
High School			Years 9 10 11 12	
Business School			No. of Months	
College or University			Less Than 1 Year 1 2 3 4	Degree Received
Other Education or Training			Number of Years	Certificate Received

SPECIAL SKILLS
Software Applications/Skills:
Other Skills:



EMPLOYMENT RECORD

(Include Military Service as a part of the employment record. Use the space on the back page to account for any periods of unemployment of one month or more.)

Employer	From (month/year)	To
Address	Telephone number	
Job title	Supervisor's name	

Describe your duties and responsibilities: _____

Reason for leaving: _____

Employer	From (month/year)	To
Address	Telephone number	
Your title	Supervisor's name	

Describe your duties and responsibilities: _____

Reason for leaving: _____

Employer	From (month/year)	To
Address	Telephone number	
Your title	Supervisor's name	



Describe your duties and responsibilities: _____

Reason for leaving: _____

Employer From (month/year) To

Address Telephone number

Your title Supervisor's name

Describe your duties and responsibilities: _____

Reason for leaving: _____

May we contact your present employer? Yes

No

GENERAL INFORMATION

ARE YOU 18 YEARS OF AGE OR OLDER? Yes No

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? (Successful applicants will be required to prove identity and eligibility for employment.) Yes No

Do you have experience in, or have you ever worked in a similar industry or business before? Yes No
If yes, please explain (including length, position, and industry).

Have you ever been employed or attended school using any other name? Yes No

If yes, please explain: _____



Are you able to perform the primary duties of the job as outlined in the newspaper advertisement, announcement, posting, jobline, job description, etc., with or without reasonable accommodation?

Yes No

If no, please explain: _____

Do you have any employment restrictions resulting from a non-compete or confidentiality agreement?

Yes No

**IF NEEDED, PLEASE USE THE SPACE BELOW TO PROVIDE ANY ADDITIONAL INFORMATION:
(Additional employers, periods of time not worked, etc.)**

PLEASE READ CAREFULLY BEFORE SIGNING.

I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

I authorize Port of Kalama to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. Port of Kalama has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

If hired, I recognize the rules and policies of Port of Kalama. I understand that *my* employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of the Port of Kalama or myself. I understand that the Executive Director is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

I understand and acknowledge that I may be required to submit to a physical examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to Port of Kalama for their use in evaluating my suitability for employment. Further, I release the examining facility and Port of Kalama from any and all liability, and from any damage that may result from the release of such information.

I acknowledge reading and understanding the foregoing statements.

Signature

Date