

**Port of Siuslaw  
Employment Application**

Port of Siuslaw  
100 Harbor Street, PO Box 1220  
Florence OR 97439  
541.997.3426  
fax 541.997.9407  
www.portofsiuslaw.com

Thank you for your interest in working for the Port of Siuslaw. The Port makes decisions regarding employment without regard to race, color, sex, national origin, religion, marital status, sexual orientation, age, prior industrial injury, mental or physical disability, or any other protected classification unrelated to job performance. This application will be considered only for the specific job applied for; it will not be retained.

Please type or write legibly to complete the form. If you need additional space you may attach extra sheets. Incomplete or illegible applications will not be considered. Attaching a resume in lieu of a fully completed application is not acceptable.

Position applied for \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Physical Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Driver's License # & State \_\_\_\_\_ Are you over 18 years of age \_\_\_ Yes, \_\_\_ No

Do you have a high school diploma or GED certificate \_\_\_ Yes, \_\_\_ No If so, name and location of school graduated or where GED obtained \_\_\_\_\_

Please describe any additional education, training, or skills relevant to this position \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

This section of the form must be completed. Attaching a resume in lieu of a fully completed application is not acceptable. Please list all work experience, paid or unpaid, for the past ten years, beginning with your present or most recent job. Describe each job separately, emphasizing specific tasks, supervisory, technical or other responsibilities. Attach additional sheets if needed.

Current Employer Name & Address _____ _____
Supervisor Name & Phone Number _____
Job Title _____ From (month-year) _____ To (mo-yr) _____
Total time ___ years, ___ months. Full Time ____, Part Time ____. Rate of pay _____ per _____.
Specific Duties Performed _____ _____ _____
Reason for leaving _____
May we contact this employer ___ Yes, ___ No

Employer Name & Address _____ _____
Supervisor Name & Phone Number _____
Job Title _____ From (month-year) _____ To (mo-yr) _____
Total time ___ years, ___ months. Full Time ____, Part Time ____. Rate of pay _____ per _____.
Specific Duties Performed _____ _____ _____
Reason for leaving _____
May we contact this employer ___ Yes, ___ No

Employer Name & Address \_\_\_\_\_  
\_\_\_\_\_  
Supervisor Name & Phone Number \_\_\_\_\_  
Job Title \_\_\_\_\_ From (month-year) \_\_\_\_\_ To (mo-yr) \_\_\_\_\_  
Total time \_\_\_ years, \_\_\_ months. Full Time \_\_\_\_, Part Time \_\_\_\_. Rate of pay \_\_\_\_\_ per \_\_\_\_\_.  
Specific Duties Performed \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact this employer \_\_\_ Yes, \_\_\_ No

Employer Name & Address \_\_\_\_\_  
\_\_\_\_\_  
Supervisor Name & Phone Number \_\_\_\_\_  
Job Title \_\_\_\_\_ From (month-year) \_\_\_\_\_ To (mo-yr) \_\_\_\_\_  
Total time \_\_\_ years, \_\_\_ months. Full Time \_\_\_\_, Part Time \_\_\_\_. Rate of pay \_\_\_\_\_ per \_\_\_\_\_.  
Specific Duties Performed \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact this employer \_\_\_ Yes, \_\_\_ No

Employer Name & Address \_\_\_\_\_  
\_\_\_\_\_  
Supervisor Name & Phone Number \_\_\_\_\_  
Job Title \_\_\_\_\_ From (month-year) \_\_\_\_\_ To (mo-yr) \_\_\_\_\_  
Total time \_\_\_ years, \_\_\_ months. Full Time \_\_\_\_, Part Time \_\_\_\_. Rate of pay \_\_\_\_\_ per \_\_\_\_\_.  
Specific Duties Performed \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact this employer \_\_\_ Yes, \_\_\_ No

Please list three references, other than relatives, who have known you at least one year.

Name

Phone/ Email/ City & State

Work/ Personal

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### **Certification & Signature**

I understand any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal of employment if discovered after employment, and in some circumstances, may result in criminal prosecution.

- I certify all statements contained herein are true and complete whether made by me or others at my request.
- I understand that, if hired, I must prove I am legally authorized to work in the United States.
- I authorize the Port of Siuslaw to check employment references, verify education and other information provided on this application and as disclosed during the interview process.
- I authorize the Port of Siuslaw to check my driving record.
- I understand I will be asked to submit to a credit history check and/or criminal history background check as a condition of employment.
- In consideration of any employment, I agree to conform to the rules and regulations of the Port.
- I understand if I am accepted for employment with the Port that I may not hold other employment, nor engage in sales or other activities, that create a conflict of interest with my position at the Port.
- I understand this application does not, by itself, create a contract of employment. I understand and agree that if hired as an employee of the Port, my employment is at-will; for no definite period of time and may be terminated at any time.
- I authorize the Port of Siuslaw to inquire concerning my background in connection with an application for employment. I agree to hold the Port of Siuslaw and all providers of information, and their agents and employees, harmless from all liability which could relate in any way to the disclosure of private information or any assessment or opinion of my suitability for employment which may be provided.

If electronically submitting my application materials, by my submission I agree to the conditions stated in this Certification & Signature section, and this section is enforceable as if I had signed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_