Port of Siuslaw Employment Application

Port of Siuslaw 100 Harbor Street 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 applie	d for		
Name	Middle	Last		
Street Address				
City	State_		_ Zip	
Mailing Address (if differer	nt)			
Home phone	Cell Phone		_	
Email				
Driver's License # & State_				
Please describe any education	on, training, or skills releva	ant 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 timeyears,months. Full	Гime, Part Time	
Specific Duties Performed		
Reason for leaving		
May we contact this employerYes, _	No	
Employer Name & Address		
Supervisor Name & Phone Number		
Job Title	_ From (month-year)	To (mo-yr)
Total timeyears,months. Full '	Γime, Part Time	
Specific Duties Performed		
Reason for leaving		
May we contact this employerYes, _	No	
Employer Name & Address		

Supervisor Name & Phone Number	r	
Job Title	From (month-year)	To (mo-yr)
Total timeyears,months.	Full Time, Part Time	
Specific Duties Performed		
Reason for leaving		
May we contact this employer	Yes,No	
Supervisor Name & Phone Number	·	
Job Title	From (month-year)	To (mo-yr)
Total timeyears,months.	Full Time, Part Time	
Specific Duties Performed		
Reason for leaving		
May we contact this employer	Yes,No	
Employer Name & Address		
Supervisor Name & Phone Number	r	
-	From (month-year)	
Total timeyears,months.		
·	Tun Time, Tart Time	
Reason for leaving		
May we contact this employerY		
	nan relatives, who have known you at e/ Email/ City & State	t least one year. <u>Work/ Personal</u>

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 atwill; 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.

I agree to the conditions stated in this Certification & Signature section by signing		
Signature	Date	