

APPLICATION FOR EMPLOYMENT

Port of Camas/Washougal

24 South "A" Street

Washougal, WA 98671

Telephone: (360)835-2196 - FAX: (360)835-2197

Website: <http://www.portcw.com/jobs.htm>

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Port.

*** YOU MUST COMPLETE THIS FORM IN YOUR OWN HANDWRITING - PLEASE PRINT ***

[You may attach additional information, a resume, etc., but it is to your advantage to answer every applicable question on this Application.]

Date of Application: _____

Position applied for: _____

Where did you learn about this job opening? _____

If necessary, the best time to call you at home? _____ a.m/p.m.

Have you filed an application here before? [] Yes [] No

If Yes, give date(s): _____

Do you have any relatives currently employed here? [] Yes [] No

If Yes, give name(s): _____

Have you ever been employed here before? [] Yes [] No

If yes, give date(s): From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? [] Yes [] No

(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Can you perform the tasks required to carry out the job for which you have applied, with or without accommodation? [] Yes [] No

Date available for work: _____/_____/_____

Are you on lay-off and subject to recall? [] Yes [] No

Are you able to meet the attendance requirements of the position? [] Yes [] No

Will you work overtime if required? [] Yes [] No

Have you ever been bonded? [] Yes [] No

Have you been convicted of a felony in the last seven (7) years? [] Yes [] No

(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain: _____

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain gaps in employment in **Comments** section.

Employer	Telephone	DATES EMPLOYED From _____ To _____	Summarize the nature of the work performed and job responsibilities:
Address			
Job Title	Hourly Rate/Salary _____ Starting _____		
Immediate Supervisor and Title	\$ _____ Per _____		
Reason for Leaving	Hourly Rate/Salary _____ Final _____		
May we contact for reference? []Yes []No []Later		\$ _____ Per _____	
Employer	Telephone	DATES EMPLOYED From _____ To _____	Summarize the nature of the work performed and job responsibilities:
Address			
Job Title	Hourly Rate/Salary _____ Starting _____		
Immediate Supervisor and Title	\$ _____ Per _____		
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Reason for Leaving	Hourly Rate/Salary _____ Final _____		
May we contact for reference? []Yes []No []Later		\$ _____ Per _____	

Comments (including explanation of any gaps in employment):

Skills and Qualifications: - Summarize any special training skills, licenses, certificates and/or characteristics that may qualify you for the position applied for:

EDUCATIONAL BACKGROUND

List: **A.** last three (3) schools attended, including trade, business or technical, starting with most recent; **B.** number of years completed; **C.** degree or diploma earned, if any; **D.** Grade Point Average or Class Rank; and **E & F.** major and minor field(s) of study (if applicable).

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

Please describe any additional **academic achievements** relative to the position applied for: _____

REFERENCES

List name and telephone number of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

ADDITIONAL ACTIVITIES/EXPERIENCE

A. What professional organizations or business activities (relative to your ability to perform the position applied for) are you involved with now or within the last 5 years?

Organization	Offices Held/Other Involvement

B. Please identify any additional **community** involvement, **civic** membership or other **extracurricular** activities that may be helpful in considering your application*:

* Exclude memberships which would reveal race, color, religion, sex, national origin, age, veteran status, disability or other protected status.

It is understood and agreed that **any misrepresentation by me on this application will be sufficient cause for cancellation** of this application and/or separation from the Port's service, if I have been employed.

I give the Port the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the Port and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Port is an Equal Opportunity Employer. The Port complies with all federal and state rules and regulations and does not discriminate on the basis of race, creed, color, national origin, sex, honorable discharged veteran or military status, sexual orientation including gender identity, age (over 40), marital status, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Port and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Port reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Port has the authority to make any assurances to the contrary.

I understand it is the Port's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the American's With Disabilities Act.

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home/Cell No. () _____
Email (optional): _____

Driver's License No.: _____ State: _____

A valid Driving Record issued by the Dept. of Licensing must be attached.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Interviewer: _____ Date: _____

Interviewer: _____ Date: _____

SPECIAL NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH DISABILITIES

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era; and Section 503 of the Rehabilitation Act of 1973, as amended, which requires that they take affirmative action to employ and advance in employment qualified individuals with disabilities.

If you consider yourself to be covered by one or both of these Acts, and wish to be identified for the purposes of proper placement and appropriate accommodation, please sign below. Submission of this information is voluntary and failure to provide it will not jeopardize employment opportunities at the Port of Camas/Washougal. This information will be kept confidential. Disabled Disabled Veteran Vietnam Era Veteran

AGREEMENT

I certify that the statements made in this Application are correct and complete to the best of my knowledge.

I understand that false or misleading information may result in termination of employment.

I authorize the Port of Camas/Washougal to conduct a reference check so that a hiring decision may be made. In the event that the Port is unable to verify any reference stated on this Application, it is my responsibility to furnish the necessary documentation.

The Port of Camas/Washougal MAY MAY NOT contact the schools I have attended for the release of my education records.

If accepted for employment with the Port of Camas/Washougal, I agree to abide by all of its policies and procedures. If employed, I understand that I may terminate my employment at any time without notice or cause, and that the Port may terminate or modify the employment relationship at any time without prior notice or cause. In consideration of my employment, I agree to conform to the rules and regulations of the Port and I understand that no representative of the Port, other than the Executive Director, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy. If employed, I understand that my employment is for no definite period of time and, if terminated, the Port is liable only for wages earned as of the date of termination.

Signed: _____

Date: _____

Interviewer: _____ Date: _____

Interviewer: _____ Date: _____

Employed: () YES () NO

If employed: Title: _____ Dept. _____

Starting Date: _____ Starting Salary: _____