

PORT OF NEWPORT Application for Employment

Thank you for considering the Port of Newport in your job search. The Port of Newport is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status, or uniformed services status. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

This application will be considered only for the specific job applied for. If you desire to be considered for a position at a future time, you must file a new application. *(This application will be retained in accordance with Oregon Administrative Rules.)*

Job applied for: _____ Date: _____

**P
E
R
S
O
N
A
L**

Name: _____		
(Last)	(First)	(Middle)
Street Address: _____		
City, State, Zip: _____		
Telephone: (_____) _____ type _____		
Telephone: (_____) _____ type _____		
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you over 18 years of age?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
When will you be available to begin work? _____		
Do you qualify for Veterans' Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of your DD214, DD215 or Disability letter from the Veterans Administration.		

**E
D
U
C
A
T
I
O
N**

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Trade Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please describe any education, training, qualifications, or skills that you think are relevant to the position for which you are applying.

How did you hear about the job opening? _____

Have you ever worked for this District before? Yes No

Date worked _____ Position held _____

Previous Work Experience

Start with your present or most recent employer. If you have a resume, please attach.

1. Company name _____ Telephone No. _____

Company address _____

Immediate supervisor _____ Dates worked _____

Position held _____

Job responsibilities, equipment operated _____

Reason for leaving _____

2. Company name _____ Telephone No. _____

Company address _____

Immediate supervisor _____ Dates worked _____

Position held _____

Job responsibilities, equipment operated _____

Reason for leaving _____

3. Company name _____ Telephone No. _____

Company address _____

Immediate supervisor _____ Dates worked _____

Position held _____

Job responsibilities, equipment operated _____

Reason for leaving _____

Have you ever been bonded? Yes No If "Yes," with what employers? _____

May we contact your previous and current employers? _____

The nature of our business requires employees to maintain regular attendance and to work day, possibly including swing and evening, shifts. If for any reason you would not be able to be present regularly during any of these shifts, please indicate which shifts you cannot work regularly.

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

Please read carefully and initial each paragraph 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.

_____Initials

I authorize the Port of Newport to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release the Port of Newport, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____Initials

I authorize the Port of Newport 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. The Port of Newport has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

_____Initials

If hired, I recognize the rules and policies of the Port of Newport. 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 Newport or myself. I understand that no representative of the District except with prior written approval of the Board of Commissioners has any authority to enter into any agreement for any specified time or to make any agreement to the foregoing. 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.

_____Initials

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

_____Initials

Date: _____ Signature: _____

Printed Name: _____

References

List three persons other than relatives who have known you longer than one year.

<u>Name</u>	<u>Relationship/Years Known</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Important Information to Know Before Filling Out An Application for Employment with the Port of Newport

1. All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate "see resume."
2. If you are offered a position with the Port of Newport, be aware that we may verify all of the information that you have written on the application, as well as your resume and any other supporting documents you provide. If there is a discrepancy in your information, the job offer may be withdrawn. It is important to be sure that what you have written is correct.
3. If you have any questions about completing the application, it is important to please ask the Port of Newport representative who has been assisting you.

Thank you for your interest in the Port of Newport.

Applicant Acknowledgement:

My signature below indicates that I have read and understand the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

Date: _____ Signature: _____

Please save the file as yourname.applicationpon prior to submission.



Applicant Affirmative Action Plan Voluntary Survey

In our efforts to maintain an affirmative action program and to collect information regarding the race, sex, national origin, disability, or veteran status of applicants we ask that you kindly assist us in our governmental recordkeeping requirements.

We would appreciate your completion of this data form. **Your cooperation is voluntary. The information supplied will be kept confidential and will be used to improve our recruiting efforts and support our commitment to diversity in the workplace.**

If you choose to volunteer the requested information, the data will be physically separated from the remainder of the job application before the application is considered for possible employment. The information will be kept in a confidential file separate from your application for employment.

Thank you for your cooperation!

POSITION YOU HAVE APPLIED

Sex: Male Female

Age Group: 21 – 30 Yrs. 31 – 40 Yrs. 41 – 50 Yrs. 51 – 60 Yrs.

Ethnic Background:

American Indian/Alaskan Native Asian/Pacific Islander
 African-American Hispanic White Other

Disabled: Yes No

Veteran Status: Veteran: Yes No

If yes, period of service: From _____ To _____

Are you a disabled veteran? Yes No

Referral Source:

Friend Walk-in
 Relative Employment *Interest Card*
 Employment Agency Advertisement
 State Employment Service College/University Job Placement Office
 City Employee Social Service Agency/Organization
 Web Site Other _____

We Are An Equal Opportunity/Affirmative Action Employer