

Application for Employment

An Equal Opportunity Employer

Please Return to:

Port of Benton

3250 Port of Benton Blvd, Richland, WA 99354

(509) 375-3060 fax: (509) 375-5287

email: dezember@portofbenton.com

In Compliance With Federal And State Equal Employment Opportunity Laws. All Qualified Applicants Including Disabled Veterans And Veterans Of The Vietnam Era Will Be Considered For All Positions Without Regard To Race, Color, Religion, Sex, National Origin, Age, Marital Status Or The Presence Of A Non-Job Related Medical Condition Or Handicap.

NAME (Last, First, Middle Initial):		Home Phone:
Address:		Cell Phone:
City / State/ Zip:		Message Phone:
Other Names By Which You Are Known By References Or Under Which School Or Employment Records Are Kept:	Email Address :	

EMPLOYMENT DESIRED

Position Applying For:	Are You Applying For An Advertised Position?	Where Did You See Position Advertised?
Referred By:	Date Available For Work:	Salary Expected:
If Related To Anyone Now Employed By The Port, State Name And Relationship:	Are You Employed Now? Yes <input type="checkbox"/> No <input type="checkbox"/>	If So, May We Inquire Of Your Present Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

List Activities Or Prior Commitments That May Interfere With Attendance Requirements:

REFERENCES

Give Below The Names Of Three Persons, Not Related To You, Whom You Have Known At Least One Year.

Name	Address	Phone Number	Years Acquainted

EDUCATION AND TRAINING

Type Of School	Name & Location Of School (City & State)	Major Or Degree/ Certificate Received	Circle Last Year Completed
High School		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	9 10 11 12
College		Grade Point Average _____	1 2 3 4
Graduate School			1 2 3 4
Apprenticeship Trade Or Business School			1 2 3 4

Describe Any Other Relevant Training Or Experience You Wish Considered:

Name: _____

Date: _____

EMPLOYMENT HISTORY

LIST POSITION HELD BEGINNING WITH CURRENT OR MOST RECENT POSITION

Note: If You Have Ever Been Employed By A Temporary Agency Or Hired Out Of A Union, You May List The Employer/Organization And Need Not Include Each Short-Term Assignment.

WE CONDUCT REFERENCE CHECKS DIRECTLY FROM THIS INFORMATION

ATTACH ADDITIONAL SHEETS IF NECESSARY

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Starting Duties/Responsibilities:			
Ending Duties/Responsibilities			
Employed From:	Employed To:	Reason For Leaving	
What Did You Like Most About This Job:		May We Contact Your Previous Supervisor For A Reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Starting Duties/Responsibilities			
Ending Duties/Responsibilities			
Employed From:	Employed To:	Reason For Leaving	
What Did You Like Most About This Job		May We Contact Your Previous Supervisor For A Reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company		Phone	
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Job Title		Starting Salary	Ending Salary
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Company		Phone	
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Job Title		Starting Salary	Ending Salary
Starting Duties/Responsibilities			
Ending Duties/Responsibilities			
Employed From:	Employed To:	Reason For Leaving	
What Did You Like Most About This Job		May We Contact Your Previous Supervisor For A Reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name: _____ Date: _____

NOTE: ONLY COMPLETE APPROPRIATE SECTION RELEVANT TO THE JOB APPLIED FOR

ADMINISTRATIVE SKILLS				
<input type="checkbox"/> Keyboard/Typing Wpm ____	<input type="checkbox"/> Reception	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Pc/Terminal	<input type="checkbox"/> Accounting
<input type="checkbox"/> Meeting Minutes	<input type="checkbox"/> Office Machines	<input type="checkbox"/> 10 Key	<input type="checkbox"/> English Comp.	<input type="checkbox"/> Customer Contact

List All Current Software Products Used: _____

DRIVERS' INFORMATION*
<p>*More than three (3) moving violations in the past three (3) years may preclude you from being considered for positions requiring use of licensed vehicles. In addition, proof of your driving record at the time of employment (presentation of Department of Motor Vehicles' report) may be required.</p>

Do You Have A Valid Driver's License? Yes No
 If Yes: License No.: _____ State: _____ Exp Date: _____

Do You Have A Combination License? Yes No

Can You Operate A Manual Shift Vehicle? Yes No

Do You Have Any Department Of Motor Vehicles' Imposed Restrictions On Your Driving Privileges? Yes No

Number Of Moving Violations In The Past 3 Years: _____

Have You Been Convicted Of Driving Under The Influence Of Alcohol Or A Controlled Substance During The Last 10 Years? Yes No

Have You Been Convicted And/Or Forfeited Bail In Connection With An Accident During The Last 10 Years? Yes No

If Your Answer To Either Of The Above Was Yes, Explain Below:

Date: _____ Place: _____ Violation: _____

Disposition Of Citation	Amount	Amount Suspended	Amount Paid	Was Your License: <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Placed On Probation <input type="checkbox"/> None Of The Above
	Fined: \$ _____	\$ _____	\$ _____	

Explain Circumstances Regarding The Above: _____

Have you been convicted of a violation or released from prison within the last 10 years? Yes No
 If yes, describe in full, including date(s): (existence of a conviction record will not necessarily bar you from employment.)

U S MILITARY SERVICE				
From (Month/Year)	To (Month/Year)	Branch Of Service	Rank Of Discharge	Awards Received (Optional)
Military Specialty And Training: _____				

Additional Information for Placement Consideration: _____

Name: _____ Date: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE APPLICATION.

APPLICANT AGREES TO THE FOLLOWING CONDITIONS OF EMPLOYMENT:

- 1. A background investigation, including criminal history.
- 2. Meeting the age requirements of applicable laws and submitting proof of true age, if required.
- 3. Submitting proof of U.S. Citizenship, visa or work permit, if required.
- 4. Conforming to Port rules, regulations and instructions.

I certify that all statements in this application are true and correct and if any information submitted is false, it may be cause for dismissal. I understand that the Port may request an investigative report to be prepared regarding all information contained in this application. I authorize such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. I understand that if I am employed, a certificate of other evidence of birthplace and citizenship is required. I understand that this is an application for employment and that no employment contract is being offered.

Applicant's Signature _____ Date _____

Name: _____

Date: _____

VOLUNTARY EEO IDENTIFICATION

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The Port believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veterans' status, age, marital status or any other protected group status.

Name _____ Date _____

Position Applied for _____ Date of Birth _____

Social Security No. _____ Sex Male Female

Race/Ethnic Data:

- White (Non-Hispanic) Asian or Pacific Islander American Indian or Alaskan Native
 Black (Non-Hispanic) Hispanic

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Disabled/Veteran Classification(s):

- Disabled Person Vietnam Era Veteran Special Disabled Veteran
(30% or more disability)

Explanation of the Categories:

White (Non-Hispanic) - Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black (Non-Hispanic) - Persons having origins in any of the black racial groups of Africa.

Asian or Pacific Islander - Persons having origins in any of the Far east, Southeast Asia, the Pacific Islands or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native - Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Disabled Individual - Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

Vietnam Era Veteran - Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

Special Disabled Veteran - Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.