

##### For Personnel Use Only

**APPLICATION FOR EMPLOYMENT**

**Port of Quincy**

**101 F Street SW**

**Quincy, WA 98848**

**Phone: (509) 787-3715 Fax: (509) 787-2525**

[www.portofquincy.org](http://www.portofquincy.org)

**Please TYPE or PRINT all requested information.**

**If an item does not apply to you or you have no information to furnish, print in the letters “N/A” (Not Applicable).   
A COMPLETED application is required. Résumés may be submitted in addition with the application.**

|  |  |
| --- | --- |
| Name (Last, First, Middle Initial): | Home Phone: |
| Other Name(s) by which you are known by reference or under which Employment records should be kept: | Cell Phone: |
| Address: | City/State/Zip: |
| Email Address: | |

**GENERAL INFORMATION**

(use supplemental sheet if necessary)

1. Have you ever been convicted of any law violation? (Include any plea of guilty or no contest. Exclude minor traffic violations). If yes, give dates and details below. Convictions do not necessarily preclude you from employment.

YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

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

1. If you are under the age of 18, can you provide an age verification form? If you are over the age of 18, write “N/A”. \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If required by the position, do you possess a commercial driver’s license? Proof of CDL and current motor vehicle record will be required.

YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

1. Do you have a valid driver’s license? (You may be asked to supply additional information at a later date if you are applying for a driving position).

YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

1. If applying for a position that requires a CDL, have you ever agreed to or been required to take a drug and/or alcohol test which resulted in a positive test within the past three years?

YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

1. Are you able to perform the essential functions of the position for which you have applied, with or without reasonable accommodation?

YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

1. If required by the position, do you consent to the following: Drug Test and Background Investigation.

YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

1. Not all positions with the Port involve work hours from 8 a.m. to 5 p.m., Monday thru Friday. Are you available and willing to work any other type of schedule required of the position?

YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

1. If hired, can you furnish proof that you are eligible to work in the United States? If no, please explain in the space provided below.

YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

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

|  |  |
| --- | --- |
| **POSITION DESIRED** | |
| Position Applying For: | Date Available for Work: |
| If you have any relative(s) currently employed by the Port of Quincy, please list name(s) and relationship: | Salary Expected: |
| Are you currently employed? | If so, may we contact your present employer? |
| List activities or prior commitments that may interfere with attendance requirements: | |
| **EMPLOYMENT HISTORY** | |

**List all present and past employment beginning with the most recent position. Applicants should provide 10 (ten) consecutive years of employment history, if applicable. Attach additional sheets if necessary. If submitting a résumé, please be sure all information requested on this application is included.**

|  |  |  |  |
| --- | --- | --- | --- |
| Company: | | Phone: | |
| Address: | | City/State/Zip | |
| Job Title: | | Salary: | |
| Duties/Responsibilities: | | | |
| Employed From (mo/yr): | Employed To (mo/yr): | | Reason for Leaving: |
| Supervisor: | | May we Contact? | |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: | | Phone: | |
| Address: | | City/State/Zip | |
| Job Title: | | Salary: | |
| Duties/Responsibilities: | | | |
| Employed From (mo/yr): | Employed To (mo/yr): | | Reason for Leaving: |
| Supervisor: | | May we Contact? | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company: | | | | | Phone: | | |
| Address: | | | | | City/State/Zip | | |
| Job Title: | | | | | Salary: | | |
| Duties/Responsibilities: | | | | | | | |
| Employed From (mo/yr): | | | Employed To (mo/yr): | Reason for Leaving: | | | |
| Supervisor: | | | | | May we Contact? | | |
| **EDUCATION AND TRAINING** | | | | | | | |
| **Type of School** | **Name & Location of School**  **(City & State)** | | | | **Major or Degree/**  **Certificate Received** | **Circle Last Year**  **Completed** | |
| High School |  | | | | Graduated? \_\_\_\_\_\_\_\_\_\_  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 | |
|  | | | |
| **Other Experience** List any significant voluntary, military or other relevant experience that you feel further qualifies you for the position for which you are applying (use a supplemental sheet if necessary): | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **REFERENCES** | | | | | | | |
| **Name** | | **Email Address** | | | **Phone Number** | | **Years Acquainted** |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
|  | |  | | |  | |  |
| **SKILLS AND QUALIFICATIONS**  (only complete appropriate section relevant to job applying for) | | | | | | | |
| **Administrative Skills: \_\_\_\_**Typing/Keyboard \_\_\_\_\_ WPM \_\_\_\_ PC Spreadsheets \_\_\_\_ Meeting Minutes  \_\_\_\_ Reception \_\_\_\_ Office Machines \_\_\_\_ Word Processing \_\_\_\_ 10 Key \_\_\_\_ Accounting  \_\_\_\_ Customer Contact \_\_\_\_ HTML \_\_\_\_ PC Databases \_\_\_\_ Data Entry \_\_\_\_ Other | | | | | | | |
| **Machinery and Equipment** (check each one you have skillfully operated): \_\_\_\_ 10 Gear Tank Truck \_\_\_\_ Hand Tools  \_\_\_\_ Overhead Boom Reach Stacker \_\_\_\_ Shuttle Wagon Railcar Mover \_\_\_\_ Yard Truck \_\_\_\_ Forklift  \_\_\_\_ Genie Boom Lift \_\_\_\_ Tractor \_\_\_\_ Pesticide Application Equipment \_\_\_\_ Rail Maintenance Equipment \_\_\_\_ Fairway Mower \_\_\_\_ Sidewinder 3 deck Rotary \_\_\_\_ 5 deck Rotary | | | | | | | |

**Additional Skills:** List any additional skills or qualifications that you possess. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Licenses/Certificates:** List and indicate the issuing authorities and dates of issuance and operation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Language Ability:** Are you proficient in a language other than English? \_\_\_\_\_\_\_\_\_\_\_\_

If so, what language(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**

**The Port of Quincy is an Equal Opportunity Employer. All applicants are considered for all positions for which they apply and qualify, regardless of race, color, creed, religion, ancestry, sex, sexual orientation, age, national origin, military service, veteran status, marital status, or disability.**

|  |
| --- |
| **PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**  **I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may justify my dismissal if discovered at a later date.**  **I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.**  **I understand that if I am extended an offer of employment, it may be conditioned upon my successfully completing any required examinations, and that, as required by the Immigration Act of 1986, I can provide identification which verifies my United States Citizenship or authorization to work or remain in the United States. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand that if I am extended an offer of employment, it will be conditional upon my agreement to Port policies.**  **I have read, understand, and by my signature, consent to these and all statements contained within this application.**  **Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |