

# Port of Longview *Employment Application*

## P E R S O N A L D A T A

Last Name	First	Middle Initial	Date
Street Address			Home Telephone (    )
City, State, Zip			Business Telephone (    )
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			Pay Expected
Position Desired			
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes", describe in full:			Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes", with what employers?
Other special training or skills (languages, machine operation, etc.)			

## E D U C A T I O N

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETE	DID YOU GRADUATE?	DEGREE OR DIPLOMA
GRADUATE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUS / TRADE TECHNICAL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
ELEMENTARY				<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Prospective employees of the Port of Longview will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, sexual orientation, veteran status or any condition prescribed by state or local law.*

# E M P L O Y M E N T   H I S T O R Y

Please give a complete full-time & part-time employment record. Start with your most recent / present employer.

Company Name	Telephone (    )
Address	Employed from (mo/yr)
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title & Describe Your Work _____	Reason for Leaving

## E M P L O Y E R # 1

Company Name	Telephone (    )
Address	Employed from (mo/yr)
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title & Describe Your Work _____	Reason for Leaving

## E M P L O Y E R # 2

Company Name	Telephone (    )
Address	Employed from (mo/yr)
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title & Describe Your Work _____	Reason for Leaving

## E M P L O Y E R # 3

# M I L I T A R Y

Describe any training received relevant to the position for which you are applying.

_____
_____
_____

**A D D I T I O N A L I N F O R M A T I O N**

Membership in professional and civic organizations, special accomplishments, awards, etc.  
(Excludes those which may disclose your race, color, religion, age or national origin.)


**A P P L I C A N T ' S S I G N A T U R E**

**Please read and understand this statement before signing your application:**

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the Port of Longview to contact and obtain information about me from previous employers, educational institutions and "references" I have provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the Port of Longview or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in one year. After that date, unless otherwise noted, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive office of the Port of Longview, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

*I fully understand and accept all terms and conditions in the above statement.*

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature

FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K		
Employer	Person Contacted	Results
1		
2		
3		

T E S T R E S U L T S			
Tests Administered	Raw Score	Rating	Analysis & Comments

I N T E R V I E W R E S U L T S
Interviewer Name & Comments