



# EMPLOYMENT APPLICATION

PERSONAL INFORMATION			
Position applying for:		Pay Expected:	Date Available:
Last Name:		First Name:	Middle Initial:
Address:		City:	State: Zip:
Home Phone:		Cell or other:	Email:
Are you legally eligible for employment in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO (If offered employment, you will be required to provide documentation to verify eligibility.)		Will you work overtime if asked? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you able to perform all the essential functions of the job for which you are applying with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO (If you require accommodation to complete this application or the interview process, please contact our Human Resources Department at <a href="mailto:lfuller@portoflongview.com">lfuller@portoflongview.com</a> , or call (360) 425-3305 so that we may assist you with the application process).			
Are you available for full-time work? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you available to meet specified work schedules and work attendance requirements for the job position for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO		State of Issue:	Exp. Date:
EDUCATION / TRAINING			
Are you a high school graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO		Or, do you have a GED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
College(s) Attended (name & location):	Major:	Type of Degree:	Did you graduate?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Courses / Training (name & location):	Length:	Certifications:	Did you graduate?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Special / Professional Licenses:	State of Issue:	License #:	
Check Areas of Expertise: <input type="checkbox"/> MS Windows <input type="checkbox"/> MS Outlook <input type="checkbox"/> MS Excel <input type="checkbox"/> MS PowerPoint			
Other Software Programs (please list):			
<p><b>NOTE:</b> The Port of Longview is an Equal Opportunity Employer. The Port of Longview does not discriminate against otherwise qualified applicants on the basis of age, sex, marital status, sexual orientation, race, creed, color, national origin, honorably discharged veteran or military 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, unless based upon a bona fide occupational qualification, or any other protected status under federal, state or local law.</p>			

<b>MOST RECENT POSITION (attach additional pages if necessary):</b>	
Employer:	Position Title:
From Date:	To Date:
Address:	Number of employees supervised:
Supervisor:	Phone #:
Specific Duties:	
Reason for leaving or considering change:	
May we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>OTHER WORK EXPERIENCE (attach additional pages if necessary):</b>	
Employer:	Position Title:
From Date:	To Date:
Address:	Number of employees supervised:
Supervisor:	Phone #:
Specific Duties:	
Reason for leaving:	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>OTHER WORK EXPERIENCE (attach additional pages if necessary):</b>	
Employer:	Position Title:
From Date:	To Date:
Address:	Number of employees supervised:
Supervisor:	Phone #:
Specific Duties:	
Reason for leaving:	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## AGREEMENT, CERTIFICATION AND AUTHORIZATION

- I hereby certify, under the penalty of perjury in the State of Washington, that the facts set forth in the above employment application are true and correct to the best of my knowledge and belief. I authorize the Port of Longview to verify their accuracy and to obtain reference information on my work performance. I understand that if any of the facts set forth above have been misrepresented or are false, or if there are omission of facts called for on this application, my application may be rejected, my name may be removed from consideration, or I may be discharged from my employment.
- I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide Port representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release the Port of Longview and any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts.
- I understand that as a condition of employment I must provide documentation to verify my eligibility to obtain employment along with personal identification information as required by the Immigration Reform and Control Act of 1986.
- I understand that all employment offers are contingent on passing a background check. If I am offered a position, I will be provided a form to sign authorizing a background check, which will be conducted prior to the Port finalizing any employment offer.
- I understand and acknowledge that should an employment offer be extended to me and accepted, I will fully adhere to the policies and procedures of employment of the Port of Longview. I further understand and acknowledge that neither the policies and procedures of employment, or anything said during the interview process, shall be deemed to constitute the terms of an express or implied employment contract.
- I understand that this application is not intended to be a contract of employment. Employment for all positions at the Port of Longview (except for positions covered by a collective bargaining agreement) is for an indefinite duration and is "at will." This means that either party can terminate the employment relationship at any time, for any or no reason, and with or without advance notice.

Signature of applicant: (Applicants who submit electronic applications will be asked to sign and verify the accuracy of information provided on this application prior to participation in the final interview process).

Signature:

Date:

You may email your application back to the Human Resources Department at [lfuller@portoflongview.com](mailto:lfuller@portoflongview.com). Please be sure to save your application on your hard drive before attaching it to the email.