

PORT OF WALLA WALLA

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Name: Last	First	Middle	Home Phone	Message Phone
Address: Street	City	State	Zip	Social Security Number
Other name(s) under which records may be listed:				
Address:	City	State	Zip	

If not a U.S. Citizen, does visa or immigration status prevent employment? Yes _____ No _____

Have you ever been employed by the Port of Walla Walla? Yes _____ No _____

If yes, date and department: _____

Position applying for: _____

Date available for employment: _____

Have you been convicted of a misdemeanor or a felony within the last 7 years? Yes _____ No _____
Conviction will not necessarily disqualify an applicant from employment.

If yes, explain: _____

Do you hold a current First Aid and/or CPR card? _____ Yes _____ No Expiration Date _____

EDUCATION / TRAINING:

	Name of School	Location	Major Course of Study	Degree / Diploma	Dates Attended
High School / GED					
College / University					
Trade, Business or Other					

EMPLOYMENT HISTORY: Begin with present or most recent employer. Include any job-related military service assignments.

Employer	Dates Employed	Beginning Salary	Phone Number
		Ending Salary	
Address		Job Title	May we contact this employer? ____ Yes ____ No
Supervisor		Reason for Leaving	
WORK PERFORMED			
Employer	Dates Employed	Beginning Salary	Phone Number
		Ending Salary	
Address		Job Title	May we contact this employer? ____ Yes ____ No
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WORK PERFORMED			

SPECIAL SKILLS / QUALIFICATIONS: Summarize special job related skills and qualifications acquired from employment or other experience.

COMMENTS:

REFERENCES: References from a supervisor or evaluator is encouraged but not required.

Name & Relationship	Street Address	City	State	Zip	Area Code & Phone

Do you hold a journeyperson's card? _____ If so, what trade? _____

Have you been an apprentice? _____ If so, what trade? _____

Please describe your training and experience in maintenance (including, but not limited to, carpentry, plumbing, mechanics, electrical, grounds keeping, painting, equipment operation and, equipment maintenance). Also indicate years of training / experience in each area.

What is your Washington State Drivers License Number? _____

Please list all restrictions placed upon your driving as found on your driver's license: _____

How many years have you been driving? _____

What experience have you had in driving a truck? Years _____ Miles _____

Have you ever had your license revoked? _____ Yes _____ No Explain _____

List other driving experience here: _____

IN CASE OF ACCIDENT OR EMERGENCY, CONTACT:

Name: _____

Address: _____

Phone Numbers: Home _____ Work _____ Cell _____

NOTICE:

Due to the nature of the position you are applying for, a background check may be required before this position is filled. A conviction of a misdemeanor or felony does not necessarily bar you from employment.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date