

Port of Pasco

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

LAST NAME	FIRST NAME	M.I.	TODAY'S DATE
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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 (40-70), MARITAL STATUS OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP.

NAME (Last, First, Middle Initial)			
ADDRESS:	CITY	STATE	ZIP
OTHER NAME(S) BY WHICH YOU ARE KNOWN BY REFERENCES OR UNDER WHICH SCHOOL OR EMPLOYMENT RECORDS ARE KEPT.			HOME PHONE
HAVE YOU BEEN EMPLOYED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			WORK PHONE
IF RELATED TO ANYONE NOW EMPLOYED BY THE DISTRICT, STATE NAME AND RELATIONSHIP: _____			CELL PHONE
REFERRED BY: _____			E-MAIL ADDRESS

EMPLOYMENT DESIRED

ARE YOU APPLYING FOR AN ADVERTISED POSITION? YES NO POSITION: _____

IF NO, POSITION DESIRED: _____ NUMBER OF YEARS EXPERIENCE IN THIS WORK: _____

DATE AVAILABLE FOR WORK: _____ SALARY EXPECTED: _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

LIST ACTIVITIES OR 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	BUSINESS	YEARS ACQUAINTED

EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL (City and State)	MAJOR	DEGREES	CIRCLE LAST YEAR COMPLETED	LAST YEAR ATTENDED
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	_____		CERTIFICATE OR LICENSE	1 2 3 4	

DESCRIBE ANY OTHER RELEVANT TRAINING OR EXPERIENCE YOU WISH CONSIDERED:

EMPLOYMENT HISTORY

LIST POSITION HELD BEGINNING WITH CURRENT OR MOST RECENT POSITION (Use additional sheet to complete information if necessary.)

WE CONDUCT REFERENCE CHECKS DIRECTLY FROM THIS INFORMATION

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.

EMPLOYED FROM:		FIRM'S NAME	ADDRESS	CITY/STATE/ZIP
MONTH	YEAR	IMMEDIATE SUPERVISOR'S NAME AND TITLE		
TO:		BEGINNING JOB TITLE/SALARY	ENDING JOB TITLE/SALARY	
MONTH	YEAR	BEGINNING JOB TITLE/SALARY	ENDING JOB TITLE/SALARY	
DUTIES AND RESPONSIBILITIES				
BEGINNING _____ ENDING _____				
WHAT DID YOU LIKE MOST ABOUT THIS JOB?			REASON(S) FOR LEAVING?	
EMPLOYED FROM:		FIRM'S NAME	ADDRESS	CITY/STATE/ZIP
MONTH	YEAR	IMMEDIATE SUPERVISOR'S NAME AND TITLE		
TO:		BEGINNING JOB TITLE/SALARY	ENDING JOB TITLE/SALARY	
MONTH	YEAR	BEGINNING JOB TITLE/SALARY	ENDING JOB TITLE/SALARY	
DUTIES AND RESPONSIBILITIES				
BEGINNING _____ ENDING _____				
WHAT DID YOU LIKE MOST ABOUT THIS JOB?			REASON(S) FOR LEAVING?	
EMPLOYED FROM:		FIRM'S NAME	ADDRESS	CITY/STATE/ZIP
MONTH	YEAR	IMMEDIATE SUPERVISOR'S NAME AND TITLE		
TO:		BEGINNING JOB TITLE/SALARY	ENDING JOB TITLE/SALARY	
MONTH	YEAR	BEGINNING JOB TITLE/SALARY	ENDING JOB TITLE/SALARY	
DUTIES AND RESPONSIBILITIES				
BEGINNING _____ ENDING _____				
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TO:		BEGINNING JOB TITLE/SALARY	ENDING JOB TITLE/SALARY	
MONTH	YEAR	BEGINNING JOB TITLE/SALARY	ENDING JOB TITLE/SALARY	
DUTIES AND RESPONSIBILITIES				
BEGINNING _____ ENDING _____				
WHAT DID YOU LIKE MOST ABOUT THIS JOB?			REASON(S) FOR LEAVING?	

NOTE: COMPLETE APPROPRIATE SECTION RELEVANT TO JOB APPLIED FOR

ADMINISTRATIVE SKILLS

- KEYBOARD/TYPING WPM _____
 RECEPTION
 OFFICE MACHINES
 CASHIERING
 PC/TERMINAL
 ACCOUNTING
 MEETING MINUTES
 TELECOM
 WORD PROCESSING
 10 KEY
 ENGLISH COMP.
 CUSTOMER CONTACT

LIST ALL CURRENT SOFTWARE PRODUCTS USED: _____

MACHINERY AND EQUIPMENT

CHECK EACH ONE YOU HAVE SKILLFULLY OPERATED:

- BUCKET/LADDER TRUCKS
 BACKHOE/FRONT END LOADERS
 GRINDING
 DIGGER/DERRICK TRUCKS
 TRENCHERS
 MACHINIST EQUIPMENT
 OVERHEAD MOBILE CRANES
 OTHER _____
 WELDER:
 GAS
 ELEC.
 MIG
 TIG
 HEAVY DUTY TRUCKS

 OTHER _____
 FORK LIFT

 ELECTRIC/ELECTRONIC CALIBRATION EQUIPMENT

SHOP, MATH, OR SCIENCE COURSES

CHECK EACH ONE YOU HAVE SUCCESSFULLY COMPLETED: ADD OTHERS:

- AUTO/DIESEL
 HYDRAULICS
 ALGEBRA
 MACHINISTS
 SURVEYING
 BLUEPRINT/SCHEMATICS
 ELECTRICITY, BASIC
 SHOP MATH
 CARPENTRY
 DRAFTING/COMPUTER DRAFTING
 DIGITAL ELECTRONICS
 ELECTRONICS, BASIC
 TRIGONOMETRY
 WELDING: MIG/TIG
 OTHER _____
 ENGINEERING

DRIVER'S INFORMATION*

- DO YOU HAVE A VALID DRIVER'S LICENSE?
 YES
 NO
 CAN YOU OPERATE A MANUAL SHIFT VEHICLE?
 YES
 NO
 DRIVER'S LICENSE NUMBER _____
 DO YOU HAVE A COMBINATION LICENSE?
 YES
 NO
 DO YOU HAVE ANY DEPARTMENT OF MOTOR VEHICLES' IMPOSED RESTRICTIONS ON YOUR DRIVING PRIVILEGES?
 YES
 NO
 STATE OF ISSUANCE _____
 NUMBER OF MOVING VIOLATIONS IN THE PAST 3 YEARS: _____
 EXPIRATION DATE _____
 HAVE YOU BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL OR A CONTROLLED SUBSTANCE DURING THE LAST 7 YEARS?
 YES
 NO
 HAVE YOU EVER BEEN CONVICTED AND/OR FORFEITED BAIL IN CONNECTION WITH AN ACCIDENT DURING THE LAST 7 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"/> PLACED ON PROBATION <input type="checkbox"/> REVOKED <input type="checkbox"/> NONE OF THE ABOVE
	FINED: \$ _____	\$ _____	\$ _____	

EXPLAIN CIRCUMSTANCES REGARDING THE ABOVE:

*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.

HAVE YOU BEEN CONVICTED OF A VIOLATION (OTHER THAN PARKING VIOLATIONS) OR RELEASED FROM PRISON WITHIN THE LAST 7 YEARS?
 YES
 NO
 IF YES, DESCRIBE IN FULL, INCLUDING DATE(S): (Existence of a conviction record will not necessarily bar you from employment.)

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 Company 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, veteran status, age, marital status or any other protected group status.

Name _____ Date _____

Position Applied for _____

Social Security No. _____ Date of Birth _____ Sex: Male Female
Month/Day/Year

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 origin): 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 original peoples 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.

AN EQUAL OPPORTUNITY EMPLOYER