

APPLICATION FOR EMPLOYMENT



Port of Sunnyside is an equal opportunity employer. Port of Sunnyside does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information may disqualify you from further consideration. Please complete all fields.

| | | |
|--|--|--|
| Name | | Date |
| Address | | |
| Phone # | | Email Address: |
| Are you eligible to work in the U.S? Yes No | | |
| Are you at least 18 years or older? Yes No | | |
| (If no, you may be required to provide authorization to work.) | | |
| Have you ever been terminated from employment or asked to resign by an employer? Yes No If yes, please provide additional details below: | | |
| Can you work overtime, including weekends? Yes No | | |
| Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No | | |
| Position Desired: | | Date Available to Start Work: |
| Are you currently employed? Yes No | | May we contact your present employer? Yes No |

REFERRAL SOURCE

Answer the following questions regarding how you learned of the position.

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| How did you hear about us? |
| Have you ever worked for the Port of Sunnyside before? Yes No |
| If yes, please explain: |
| Do you know anyone who works for the Port of Sunnyside? Yes No |
| If yes, who? |
| Please explain relationship: |

EDUCATION

Please fill out the information below regarding your education

| | Name and Location of School | Degree Received | Subjects Studied/Major |
|---------------------------------|-----------------------------|-----------------|------------------------|
| High School | | | |
| College or University | | | |
| Trade, Business or Other School | | | |

EMPLOYMENT HISTORY Include you last seven (7) years of employment history, including periods of unemployment, starting with the most recent history and work backwards from there. Incomplete information may disqualify you from further consideration.

| | | | |
|----------------------|------------------|----|-----------|
| Employer Name | From | To | Telephone |
| Job Title | Supervisor/Title | | Address |
| Job Responsibilities | | | |
| Reason for Leaving | | | |
| Employer Name | From | To | Telephone |
| Job Title | Supervisor/Title | | Address |
| Job Responsibilities | | | |
| Reason for Leaving | | | |
| Employer Name | From | To | Telephone |
| Job Title | Supervisor/Title | | Address |
| Job Responsibilities | | | |
| Reason for Leaving | | | |

| | | | |
|--|------------------|----|-----------|
| Employer Name | From | To | Telephone |
| Job Title | Supervisor/Title | | Address |
| Job Responsibilities | | | |
| Reason for Leaving | | | |
| Do you have any special skills, experience and/or training that would enhance your ability to perform the position you are applying for? If yes, please explain. | | | |
| | | | |

REFERENCES Please provide the names of three professional and/or personal references, not related to you, whom you have known at least three (3) years.

| Name | Address, Phone, Email | Company | Years Known |
|------|-----------------------|---------|-------------|
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Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Port of Sunnyside to hire me. If I am hired, I understand that either the Port of Sunnyside or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Port of Sunnyside has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the Port of Sunnyside true and complete information on this application. No requested information has been concealed. I authorize the Port of Sunnyside to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature _____ Date _____

THIS APPLICATION IS VALID ONLY FOR 90 DAYS FROM THE DATE ABOVE.