



The Port of Tillamook Bay makes its employment decisions without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury or mental or physical handicaps unrelated to job performance. The Port does not hire applicants who must smoke while on the job.

This application will be considered only for the specific job applied for. It will be retained for 2 years. If you desire to be considered for another position, or after two years, you must file a new application.

Position applied for: _____ Date: _____

Name: _____
(First) (Middle) (Last)

Address: _____

Telephone: _____ Are you over 18 years of age? _____ (Y/N)

Email (Not Required): _____

Do you have a valid driver's license? _____ (Required) What State? _____

It is the Port's policy to comply with the provisions of the Immigration Reform and Control Act of 1986 and to hire only authorized workers. If you are hired, you will be asked to provide verification of your work eligibility. The types of verification required may change from time to time as federal regulations are amended. Your employment will not be continued if you are unable to or are unwilling to provide the verification requested by the company.

Please describe any education, training, qualifications, or skills that you think are relevant to the position for which you are applying.

Have you ever worked for the Port of Tillamook Bay before? _____ (Y/N)

Dates Worked: _____ Position Held: _____

How did you become aware of this opening? _____

Date: _____ Signature: _____

RELEASE AND WAIVER

I authorize any person, school, current employer, past employer(s), and organizations named in my application for employment (and accompanying resume; if any) to provide *Port of Tillamook Bay* with relevant information and opinion that may be useful to the company in making a hiring decision, and I release such persons and organizations from any persons and organizations from any legal liability in making such statements. I also authorize my driving record to be checked.

Date: _____ Signature: _____

IMPORTANT

Please read carefully and initial each paragraph.

By my signature and initials placed below, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the company if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending, or during my period of employment, if hired. _____: Initials

I understand that if my position is one that warrants such an inquiry, the company may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act I have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. _____: Initials

I consent to the release to the company of any and all medical information, as may be deemed necessary by the company in judging my capability to do the work for which I am applying. _____: Initials

I understand that if the company terminates my employment for dishonesty, breach of trust, or any criminal acts, the authorities may be notified and I may be criminally prosecuted. _____: Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINED PERIOD OF TIME, and may, regardless of the day of payment of my wages or salary, BE TERMINATED AT ANY TIME, subject to company policies and rights provided by written contract. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM. _____: Initials

I understand that a copy of my W-4 will be sent to the Department of Justice as required by the personal Responsibility and Work Opportunity Reconciliation Act of 1996. _____: Initials

Date: _____ Signature: _____

The nature of our business requires employees to maintain regular attendance and the possibility of having to work day, swing and evening shifts. If for any reason you would not be able to be present regularly during any of these shifts, please indicate which shifts you cannot work regularly.

A job description detailing the functions and duties of the job for which you are applying is attached. Are there any functions or duties listed which you would be unable to perform? If so, please explain.

In submitting this application for employment, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application may result in cancellation of the application and/or separation from the company's service of I have been employed. I agree that I will undergo a physical examination, at the district's expense, if required by the company.

In consideration of any employment I agree to conform to the rules and regulations of the district. My employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself.

I certify I have read all of this application and the information I have provided above is true and correct.

Date: _____ Signature: _____

PREVIOUS WORK EXPERIENCE: If more space is need please attach a separate sheet, please indicate last 10 years with most recent employment first.

Company Name: _____ Telephone #: _____

Company Address: _____

City/State/Zip: _____

Immediate Supervisor: _____ Dates Worked: _____

Position Held: _____

Job Responsibilities & Equipment Operated

Reason for Leaving: _____

May we make inquiries of this employer? _____ (Y/N)

Company Name: _____ Telephone #: _____

Company Address: _____

City/State/Zip: _____

Immediate Supervisor: _____ Dates Worked: _____

Position Held: _____

Job Responsibilities & Equipment Operated

Reason for Leaving: _____

May we make inquiries of this employer? _____ (Y/N)

Company Name: _____ Telephone #: _____

Company Address: _____

City/State/Zip: _____

Immediate Supervisor: _____ Dates Worked: _____

Position Held: _____

Job Responsibilities & Equipment Operated

Reason for Leaving: _____

May we make inquiries of this employer? _____ (Y/N)

REFERENCES

List three persons other than relatives who have known you longer than one year.

Reference 1:

Name: _____

Phone: _____

Occupation: _____

Reference 2:

Name: _____

Phone: _____

Occupation: _____

Reference 3:

Name: _____

Phone: _____

Occupation: _____