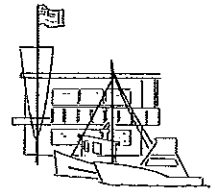


PORT OF ILWACO



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____

Mailing Address & Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address:

Date Available: Desired Salary: \$

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?

Are you able to perform the duties of the job with or without reasonable accommodation?

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Address:

From: To: Did you graduate? YES NO Degree:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

References

Please list three professional references.

Full Name: Relationship:

Company: Phone: ()

Address: _____

Full Name: Relationship:

Company: Phone: ()

Address: _____

Full Name:

Relationship:

Company:

Phone: ()

Address:

Present & Previous Employment

Company:

Phone: ()

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Company:

Phone: ()

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Company:

Phone: ()

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

DISCLOSURE/RELEASE/AUTHORIZATION

I understand and agree that:

- The information supplied on this release form is true and correct, to the best of my knowledge.
- The Port of Ilwaco has my authorization to thoroughly investigate my professional and personal history to generate a background screening report.
- I understand that the background report may include, but is not limited to, the following areas: Employment History, Education History, Criminal History, Drug Testing, Professional Licensing, Motor Vehicle Records, Social Media History, Residence History and References.
- A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living.
- I will hold no person liable for giving or receiving information in this investigation. I hereby authorize the Port of Ilwaco or its agent to make a thorough background investigation of all information given by me to the Port.
- I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and it's agent reporting agency and all associated entities and its clients to receive any criminal history information pertaining to me in the files of any state or local criminal justice agency.

The following information is required for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Applicant's Name: _____

Applicant's Date of Birth: ___/___/___ Applicant's SSN: ___-___-___

Driver's License No: _____ State Issued: _____

Address (Current): _____

City: _____ State: _____ County: _____ Zip: _____

Applicant Signature: _____ Date: ___/___/___