



Port of Skagit

Application for Employment

How did you find out about the position for which you are applying?

Newspaper

Employment Security Posting

Port Employee

Friend or Relative

Other (Please Specify) _____

Name: _____
 First Middle Initial Last

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (_____) _____ Home Phone: (_____) _____

Date Available to Start: _____

PERSONAL

1. Are you 18 years old or over? Yes No (If under 18, authorization forms will be required from your parent or guardian and from school authorities in order to work.)

2. Are you legally entitled to work in the United States? Yes No

3. Do you have relatives employed by the Port of Skagit? Yes No

4. What position(s) are you applying for?

1. _____ 2. _____

5. What are your minimum wage or salary requirements? _____

6. Have you previously worked for the Port of Skagit? Yes No

If yes, provide dates and name, if changed: _____

7. Are there shifts, hours, or days you cannot or will not work? Yes No

If yes, please list: _____

8. Are you willing to work overtime, if required? Yes No

9. If applying for a position that involves receiving and or dispensing funds, indicate whether or not you have been convicted of a crime related to theft or mismanagement of funds or property within the last seven years:
 Yes No

10. Have you ever been convicted of a felony? Yes No

If yes, explain (a criminal record does NOT automatically disqualify an applicant for employment).

II. Do you have a valid drivers' license? Yes No

EDUCATION

High School Education

Last High School Attended: _____

Please Circle One: Graduation or GED Highest Grade Completed _____

College, Business, Training Courses or Other Schools Attended:

Name and Location of School	Type of Degree	Did you graduate?	Credit Hours Earned		Major
			Quarter	Semester	

Do you plan further education? ____ Yes ____ No If yes, starting date: _____

Are you currently enrolled in school? ____ Yes ____ No If yes, where? _____

Subjects of special study or research work: _____

Activities other than religious (civic, athletic, etc.) _____

Exclude organizations, the name of which indicates race, age, sex, color or national origin of its members.

MILITARY SERVICE

Were you in the U.S. Armed Forces? ____ Yes ____ No If yes, which branch? _____

Rank at discharge? _____

EMPLOYMENT HISTORY

Below, list present and past employment, beginning with the most recent. Attach additional sheets if necessary.

Current or most recent employer:

Position/Job Title: _____		
Company Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Telephone: (____) _____	Hours per week: _____	
Start Date: _____	Starting Pay: \$ _____	(Hour) (Month) (Year)
End Date: _____	Ending Pay: \$ _____	(Hour) (Month) (Year)
Supervisor: _____	Title: _____	
Description of Duties: _____		

Reason for Leaving: _____		
May we contact this employer? _____ Yes _____ No		

Previous Employer:

Position/Job Title: _____		
Company Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Telephone: (____) _____	Hours per week: _____	
Start Date: _____	Starting Pay: \$ _____	(Hour) (Month) (Year)
End Date: _____	Ending Pay: \$ _____	(Hour) (Month) (Year)
Supervisor: _____	Title: _____	
Description of Duties: _____		

Reason for Leaving: _____		
May we contact this employer? _____ Yes _____ No		

Previous Employer:

Position/Job Title: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (____) _____ Hours per week: _____
Start Date: _____ Starting Pay: \$ _____ (Hour) (Month) (Year)
End Date: _____ Ending Pay: \$ _____ (Hour) (Month) (Year)
Supervisor: _____ Title: _____
Description of Duties: _____
Reason for Leaving: _____
May we contact this employer? _____ Yes _____ No

PROFESSIONAL REFERENCES

Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

READ BEFORE SIGNING

I understand that employment with the Port of Skagit County will be on a six (6) month probationary basis. If employed, I will abide by its rules and regulations. I understand that this application is not a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. Further, I give permission to contact all or any of my previous employers for full information, except those I have requested not be contacted. I also give permission to check my credit history and perform a personal security review. All of the foregoing information I have supplied in this application is a full and complete statement of the facts and it is understood that, if any falsification be discovered, it will constitute grounds for dismissal upon discovery thereof.

Signature of Applicant

Date