

Application for Employment

PORT OF EPHRATA...An Equal Opportunity Employer

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, Marital Status Or The Presence Of A Non-Job Related Medical Condition Or Handicap.

NAME (Last, First, Middle Initial):		Home Phone:
Address:		Cell Phone:
City / State/ Zip:		Message Phone:
Other Names By Which You Are Known By References Or Under Which School Or Employment Records Are Kept:	Email Address :	

EMPLOYMENT DESIRED

Position Applying For:	Are You Applying For An Advertised Position?	Where Did You See Position Advertised?
Referred By:	Date Available For Work:	Salary Expected:
If Related To Anyone Now Employed By The Port, State Name And Relationship:	Are You Employed Now? Yes <input type="checkbox"/> No <input type="checkbox"/>	If So, May We Inquire Of Your Present Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
List Activities Or Prior 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	Phone Number	Years Acquainted

EDUCATION AND TRAINING

Type Of School	Name & Location Of School (City & State)	Major Or Degree/ Certificate Received	Circle Last Year Completed
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			1 2 3 4

Describe Any Other Relevant Training Or Experience You Wish Considered:

Name: _____

Date: _____

EMPLOYMENT HISTORY**LIST POSITION HELD BEGINNING WITH CURRENT OR MOST RECENT POSITION**

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.

WE CONDUCT REFERENCE CHECKS DIRECTLY FROM THIS INFORMATION**ATTACH ADDITIONAL SHEETS IF NECESSARY**

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Starting Duties/Responsibilities:			
Ending Duties/Responsibilities			
Employed From:	Employed To:	Reason For Leaving	
What Did You Like Most About This Job:		May We Contact Your Previous Supervisor For A Reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Starting Duties/Responsibilities			
Ending Duties/Responsibilities			
Employed From:	Employed To:	Reason For Leaving	
What Did You Like Most About This Job		May We Contact Your Previous Supervisor For A Reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company		Phone	
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What Did You Like Most About This Job		May We Contact Your Previous Supervisor For A Reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Starting Duties/Responsibilities			
Ending Duties/Responsibilities			
Employed From:	Employed To:	Reason For Leaving	

Name: _____ Date: _____

What Did You Like Most About This Job	May We Contact Your Previous Supervisor For A Reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
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NOTE: ONLY COMPLETE APPROPRIATE SECTION RELEVANT TO THE JOB APPLIED FOR

ADMINISTRATIVE SKILLS				
<input type="checkbox"/> Keyboard/Typing Wpm ____	<input type="checkbox"/> Reception	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Pc/Terminal	<input type="checkbox"/> Accounting
<input type="checkbox"/> Meeting Minutes	<input type="checkbox"/> Office Machines	<input type="checkbox"/> 10 Key	<input type="checkbox"/> English Comp.	<input type="checkbox"/> Customer Contact
List All Current Software Products Used:				

MACHINERY AND EQUIPMENT		
Check Each One You Have Skillfully <u>Operated</u> :		
<input type="checkbox"/> Bucket/Ladder Trucks	<input type="checkbox"/> Backhoe/Front End Loaders	<input type="checkbox"/> Grinding
<input type="checkbox"/> Digger/Derrick Trucks	<input type="checkbox"/> Trenchers	<input type="checkbox"/> Machinist Equipment
<input type="checkbox"/> Overhead Mobile Cranes	<input type="checkbox"/> Other _____	<input type="checkbox"/> Welder: <input type="checkbox"/> Gas <input type="checkbox"/> Elect. <input type="checkbox"/> Mig <input type="checkbox"/> Tig
<input type="checkbox"/> Heavy Duty Trucks	_____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Fork Lift	_____	<input type="checkbox"/> Electric/Electronic Calibration Equipment

SHOP, MATH, OR SCIENCE COURSES				
Check Each One You Have Successfully Completed:				
<input type="checkbox"/> Auto/Diesel	<input type="checkbox"/> Hydraulics	<input type="checkbox"/> Algebra	<input type="checkbox"/> Machinists	<input type="checkbox"/> Surveying
<input type="checkbox"/> Blueprint/Schematics	<input type="checkbox"/> Electricity, Basic	<input type="checkbox"/> Shop Math	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Drafting/Comp Drafting
<input type="checkbox"/> Digital Electronics	<input type="checkbox"/> Electronics, Basic	<input type="checkbox"/> Trigonometry	<input type="checkbox"/> Welding: Mig/Tig	<input type="checkbox"/> Other: _____
			<input type="checkbox"/> Engineering	_____

DRIVERS' INFORMATION*
<p>*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.</p>

Do You Have A Valid Driver's License? Yes No

If Yes: License No.: _____ State: _____ Exp Date: _____

Do You Have A Combination License? Yes No

Can You Operate A Manual Shift Vehicle? Yes No

Do You Have Any Department Of Motor Vehicles' Imposed Restrictions On Your Driving Privileges? Yes No

Number Of Moving Violations In The Past 3 Years: _____

Have You Been Convicted Of Driving Under The Influence Of Alcohol Or A Controlled Substance During The Last 10 Years? Yes No

Have You Been Convicted And/Or Forfeited Bail In Connection With An Accident During The Last 10 Years? Yes No

If Your Answer To Either Of The Above Was Yes, Explain Below:

Date: _____ Place: _____ Violation: _____

	Amount	Amount Suspended	Amount Paid	
Disposition Of Citation	Fined: \$ _____	\$ _____	\$ _____	Was Your License: <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Placed On Probation <input type="checkbox"/> None Of The Above
	Date: _____	Court & City Where You Appeared: _____		

Explain Circumstances Regarding The Above:

Have you been convicted of a violation or released from prison within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full, including date(s): (existence of a conviction record will not necessarily bar you from employment.)

Name: _____ Date: _____

U S MILITARY SERVICE				
From (Month/Year)	To (Month/Year)	Branch Of Service	Rank Of Discharge	Awards Received (Optional)
Military Specialty And Training:				

Additional Information for Placement Consideration:

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE APPLICATION.

APPLICANT AGREES TO THE FOLLOWING CONDITIONS OF EMPLOYMENT:

1. A job-related physical examination, if required.
2. A Background investigation, including criminal history.
3. Meeting the age requirements of applicable laws and submitting proof of true age, if required.
4. Submitting proof of U.S. Citizenship, visa or work permit, if required.
5. Conforming to Port rules, regulations and instructions.

I certify that all statements in this application are true and correct and if any information submitted is false, it may be cause for dismissal. I understand that the Port may request an investigative report to be prepared regarding all information contained in this application. I authorize such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. I understand that if I am employed, a certificate of other evidence of birthplace and citizenship is required. I understand that this is an application for employment and that no employment contract is being offered.

Applicant's Signature _____ Date _____