

# 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?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | If So, May We Inquire Of Your Present Employer?<br>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?<br><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   |               |
| 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 |               |

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"/> |
|---------------------------------------|---|

**NOTE: ONLY COMPLETE APPROPRIATE SECTION RELEVANT TO THE JOB APPLIED FOR**

**ADMINISTRATIVE SKILLS**

|  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> Keyboard/Typing Wpm _____<br><input type="checkbox"/> Meeting Minutes | <input type="checkbox"/> Reception<br><input type="checkbox"/> Office Machines | <input type="checkbox"/> Word Processing<br><input type="checkbox"/> 10 Key | <input type="checkbox"/> Pc/Terminal<br><input type="checkbox"/> English Comp. | <input type="checkbox"/> Accounting<br><input type="checkbox"/> Customer Contact |
|--|--|---|--|--|

List All Current Software Products Used:

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**MACHINERY AND EQUIPMENT**

Check Each One You Have Skillfully Operated:

|   |  |   |
|---|--|---|
| <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\***

Proof of your driving record at the time of employment (presentation of Department of Motor Vehicles' report) may be required.

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

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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| 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:

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**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 \_\_\_\_\_