

**PORT OF ASTORIA  
422 GATEWAY AVE, SUITE 100  
ASTORIA, OREGON 97103**

**EMPLOYMENT APPLICATION  
(PLEASE PRINT)**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Are you a citizen of the United States  Yes  No

If not, do you have work papers? \_\_\_\_\_

Do you voluntarily identify yourself as a veteran for reporting purposes?  Yes  No

\*Drivers License Number: \_\_\_\_\_ State issuing License: \_\_\_\_\_

Have you ever been convicted of a Felony? Yes  No

If yes, please describe in full: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* Drivers license number required only for applicants selected for final interviews.

**EDUCATION**

(name and location of school)

High School: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Bus./Trade: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Col./Univ: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

(begin with most recent position)

**Most Recent**

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**Previous Employer**

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Nature of business: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Nature of business: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

### REFERENCES

Please furnish the names and addresses of two people to whom you are not related and by whom you have not been employed.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

(Additional references may be attached to Application)

Summarize your special skills or qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_