

**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 _____

Job description: _____

Dates of Employment: _____

Ending Salary: _____ Reason for leaving: _____

Previous Employer

Firm: _____ Address: _____

Supervisor: _____ Phone Number: _____

Job Description: _____

Dates of Employment: _____

Ending Salary: _____ Reason for leaving: _____

Firm: _____ Address: _____
Supervisor: _____ Phone Number: _____
Job Description: _____
Dates of Employment: _____
Ending Salary: _____ Reason for leaving: _____

Firm: _____ Address: _____
Supervisor: _____ Phone Number: _____
Job Description: _____
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: _____