Job Application Form

Port of Astoria

422 Gateway Avenue, Suite 100 – Astoria, OR 97103

The Port of Astoria is an equal opportunity employer and does not discriminate against qualified applicants on the basis of race, color, national origin, religion, age, sex, marital status, family status, mental or physical disability, protected veteran status, sexual orientation, gender identity, gender expression, or source of income, or any other status protected by applicable law.

Applicant Information

Full Name:				Date:	
	Last	*First*	*M.I.*		
Address:					
	Street Address		*Apartment/Unit #*		
	City		*State*	*ZIP Code*	

Phone: ( )		E-mail Address:	
Date Available:	Social Security No.:	Desired Salary/Hourly Rate:	
Position Applied for:		If the position for which you are applying requires one, do you currently have a valid driver license?	YES ☐ NO ☐
Are you legally eligible for employment in the United States?	YES ☐ NO ☐	If offered employment, you will be asked to provide documentation to verify eligibility.	
Have you ever worked for the Port?	YES ☐ NO ☐	If yes, when?	
Are you at least 18 years of age?	YES ☐ NO ☐		

Work Experience

List present and former employers beginning with the most recent.

From:	To:	Employer:	Phone: ( )
Job Title:		Address:	
Supervisor & Title:		Summarize Work Performed and Job Responsibilities:	
Reason For Leaving:		May we contact your previous supervisor for a reference?	YES ☐ NO ☐
Additional Notes:			

From:	To:	Employer:	Phone: ( )
Job Title:		Address:	
Supervisor & Title:		Summarize Work Performed and Job Responsibilities:	
Reason For Leaving:		May we contact your previous supervisor for a reference?	YES ☐ NO ☐
Additional Notes:			

From:	To:	Employer:	Phone: ( )

Job Title:	Address:		
Supervisor & Title:	Summarize Work Performed and Job Responsibilities:		
Reason For Leaving:	May we contact your previous supervisor for a reference?	YES ☐	NO ☐
Additional Notes:			

From:	To:	Employer:	Phone: ( )
Job Title:		Address:	
Supervisor & Title:		Summarize Work Performed and Job Responsibilities:	
Reason For Leaving:		May we contact your previous supervisor for a reference?	YES ☐ NO ☐
Additional Notes:			

Military Service

Veteran's preference will be granted in accordance with ORS 408.225, 408.230, and 408.235 to those Veterans and Disabled Veterans, where applicable. For purposes of this preference, a Veteran means a person who served on active duty with the Armed Forces of the United States: (a) for a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions; or (b) for a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions; or (c) for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability; or (d) for 178 days or less and was discharged or released from active duty under honorable conditions and has a disability rating from the U.S. Department of Veteran Affairs; or (e) for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or (f) received a combat or campaign ribbon of an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty; or (g) is receiving a non-service connected pension from the U.S Department of Veteran Affairs. A Disabled Veteran is defined as (a) a person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs; (b) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line or duty; or (c) a person who was awarded the Purple Heart for wounds received in combat.

If you believe this does or may apply to you, please provide the following information, and submit the necessary qualifying documents prior to the closing date listed on the job posting. For Veterans, this typically includes copy of the Certificate of Release or Discharge from Active Duty (DD Form 214 or 215). Disabled Veterans must also submit a copy of their Veteran's Disability Preference Letter from the U.S. Department of Veterans Affairs. For more information, or to clarify what qualifying documents are required, contact Human Resources.

Branch:		From:		To:	
Rank at Discharge:		Type of Discharge:			
If other than honorable, explain:					

Education

High School:					
City:	State:	Did you graduate?	YES ☐	NO ☐	Degree:
College:					
City:	State:	Did you graduate?	YES ☐	NO ☐	Degree:
Graduate College or Other:					
City:	State:	Did you graduate?	YES ☐	NO ☐	Degree:

References **Please list three professional references.**

Full Name:		Relationship:	
Company:		Phone:	( )
Address:			
Full Name:		Relationship:	
Company:		Phone:	( )
Address:			
Full Name:		Relationship:	
Company:		Phone:	( )
Address:			

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge and authorize the Port to verify their accuracy and to obtain reference information on my work performance as indicated above. If this application leads to employment, I understand that false or misleading information, or omissions of facts called for, in my application or interview may result in discipline, up to and including my immediate dismissal.

Signature: Date:

This application for employment is good for 30 days only.
Consideration for employment after 30 days requires a new application.