

EMPLOYMENT APPLICATION



The Port of Morrow is an equal opportunity employer. All applicants will be considered without regard to age, **race, color, national origin, religion, sex, sexual orientation, gender identity, mental or physical disability, or other protected status** in accordance with applicable federal and state equal employment opportunity laws.

Applicant Information

Full Name: _____ Phone: _____
Last First M.I.

Address: _____
Street Address

City State ZIP Code

Date Available: _____ Position Applied For: _____

Email: _____

Are you at least 18 years of age? Yes No

Have you ever been employed by the Port of Morrow? Yes No

If yes, when? _____

Are you currently employed? Yes No

If we may we contact your present employer, give contact name and phone number:

Name _____

Phone Number _____

Are you eligible to work in the United States? Yes No

For positions that require driving: Do you have a valid driver's license? Yes No

License No.: _____.

Has your license been suspended or revoked in the last 3 years? Yes No

Are you available to work: Full-Time Part-Time Over-Time

Education

High School: _____ Did you graduate? Yes No

Years Completed: 1 2 3 4 Degree: _____

College: _____ Did you graduate? Yes No

Years Completed: 1 2 3 4 Degree: _____

Graduate College: _____ Did you graduate? Yes No

Course of Study: _____ Degree: _____

SPECIAL SKILLS, QUALIFICATIONS, CERTIFICATIONS:

List and summarize any special certifications, skills and qualifications, volunteer activities, military training or experience, or other training or other activities related to the job you are seeking. ***For military veterans, please include information on any transferrable skills obtained through military education or experience that relate, directly or indirectly to the position for which you are applying.***

Professional References

Please list three non-relatives who are familiar with your skills qualifications and performance/work history and ability.

Full Name: _____ Occupation/Relationship: _____

Company: _____ Phone: _____

Address: _____ Years Known _____

Full Name: _____ Occupation/Relationship: _____

Company: _____ Phone: _____

Address: _____ Years Known _____

Full Name: _____ Occupation/Relationship: _____

Company: _____ Phone: _____

Address: _____ Years Known _____

Previous Employment

List your most recent jobs in order, starting with your present or most recent job. If self-employed, give company name and supply business references. If you worked in a position under another name, please give the name(s) DO NOT LEAVE OUT ANY JOBS.

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

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

Disclaimer and Signature

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE FULLY COMPLETED, SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THEM BEFORE SIGNING.

1. All answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false, misleading, or incomplete information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize the District to obtain information about me from any of the prior employers or persons named in this application, including those provided by me as references. I also agree to sign an authorization releasing these prior employers and persons of liability for providing such information.

Please initial: ____

2. I understand that if I am offered employment, I will be required to pass a criminal history check and may also be required to pass a driver's record check, credit check, pre-employment drug screen, and/or physical as a condition of being hired, depending on the position for which I am applying and consistent with applicable laws.

Please initial: ____

3. I understand that if I am hired I will be responsible for complying with all policies and rules of the District as they presently exist or are later modified. I also understand that my employment with the District will be terminable at-will for any reason and at any time without notice, at the option of the District or myself, except as prohibited by applicable law.

Please initial: ____

4. I also understand that nothing in this application, the interview, or hiring process or in an offer of employment creates a contract for employment or continued employment with the District, and that no representative of the District has any authority to change my at-will employment status or to otherwise enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a written agreement signed and dated by the General Manager or Commission President.

Please initial: ____

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I have read, understand and agree with all of the above statements.

Signature: _____ Date: _____

DRUG POLICY

Use of illicit drugs, on or off the job, can affect employees' health, safety, and job performance and could erode public and government confidence in the Port. While the Port has no right to intrude unnecessarily upon the private lives of its employees, it must ensure that employees report to work in a condition which will enable them to perform their duties safely and efficiently. The Port must also meet those requirements placed on it by regulatory agencies.

The Port requires drug screening tests for all prospective employees as part of the hiring process. These tests are a pre-employment requirement and apply to all positions, regular, temporary, work study, and interns (paid or non-paid). Urine samples are taken and analyzed at an independent medical laboratory. Positive test results are confirmed by an alternate test method. Individuals with confirmed positive test results are ineligible for employment and will not be reconsidered for employment for 18 months. Drugs in the screening include marijuana (THC), cocaine, opiates, amphetamines, barbiturates, and other illicit drugs.

Individuals taking the tests sign a consent form allowing release of the test results to the Port. Like other medical records, drug screening tests are confidential information. Access to test results within the Port is on a need-to-know basis.

I acknowledge this policy and consent to the testing.

Signature

Date

PORT OF MORROW
Employment Application Supplement
Authorization to obtain Motor Vehicle Report

I have applied for employment with the Port of Morrow. Because the position I am applying for may require that I drive a vehicle on behalf their behalf, I understand that my driving record must be verified by their insurance carrier prior to my employment.

I understand that my application could be conditional upon the approval of my driving record by their insurance carrier. I also understand that if I am offered a position my driving record will be checked periodically by the insurance company.

I hereby authorize Wheatland Insurance Center Inc. and/or the insurance company to obtain a copy of my driving record from the Department of Motor Vehicles, and to provide information from that record to the Port of Morrow regarding my insurability.

Signed by: _____

Date: _____

Print Name: _____

Address: _____

Date of Birth: _____

Driver's License #: _____

State: _____