

APPLICATION FOR EMPLOYMENT



We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

| | | |
|--|-----------------------------------|--------------------------------------|
| Position(s) Applied For | | Date of Application |
| How Did You Learn About Us? | | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Relative | <input type="checkbox"/> Inquiry |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Friend | <input type="checkbox"/> Other _____ |
| Last Name | First Name | Middle Name |
| Address | Number | Street |
| | City | State |
| | | Zip Code |
| Telephone Number(s) | | Social Security Number (Voluntary) |

Best time to contact you at home is: : ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
.....If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

| | Name and Address of School | Course of Study | Number of Years Completed | Diploma Degree |
|-----------------------|----------------------------|-----------------|---------------------------|----------------|
| Elementary School | | | | |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | | |
|--------------------|---------------------|--------------------|-------|----------------|
| 1. | Employer | Dates Employed | | Work Performed |
| | Address | From | To | |
| | Telephone Number(s) | Hourly Rate/Salary | | |
| | Job Title | Starting | Final | |
| | Supervisor | | | |
| Reason for Leaving | | | | |
| 2. | Employer | Dates Employed | | Work Performed |
| | Address | From | To | |
| | Telephone Number(s) | Hourly Rate/Salary | | |
| | Job Title | Starting | Final | |
| | Supervisor | | | |
| Reason for Leaving | | | | |
| 3. | Employer | Dates Employed | | Work Performed |
| | Address | From | To | |
| | Telephone Number(s) | Hourly Rate/Salary | | |
| | Job Title | Starting | Final | |
| | Supervisor | | | |
| Reason for Leaving | | | | |
| 4. | Employer | Dates Employed | | Work Performed |
| | Address | From | To | |
| | Telephone Number(s) | Hourly Rate/Salary | | |
| | Job Title | Starting | Final | |
| | Supervisor | | | |
| Reason for Leaving | | | | |

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

| <input type="checkbox"/> Terminal | <input type="checkbox"/> Spreadsheet | Production/Mobile Machinery (list) | Other (list) |
|-------------------------------------|--|------------------------------------|--------------|
| <input type="checkbox"/> PC/MAC | <input type="checkbox"/> Word Processing | _____ | _____ |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Shorthand | _____ | _____ |
| WPM _____ | WPM _____ | _____ | _____ |
| | | _____ | _____ |

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

REFERENCES

1. _____ (Name) _____ () _____ Phone #
_____ (Address)
2. _____ (Name) _____ () _____ Phone #
_____ (Address)
3. _____ (Name) _____ () _____ Phone #
_____ (Address)

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete. I understand that any falsification or willful omission made in my application, resume or interview(s) shall be sufficient cause for dismissal or refusal of employment, whenever discovered. I hereby authorize each former employer, whether given as a reference or not, to answer any questions and furnish any information sought by the Port concerning any qualifications for employment. Depending on the department and position applied for, I understand that such investigation may include a full criminal history and FBI records check. I authorize investigation of all statements contained in this application for employment, and I release the Port of Beaumont, its management and appointed and elected officials, and all third parties supplying information to the Port from any and all liability, including liability caused by negligence, arising from reference and background checks conducted by or on behalf of the employer about me. Upon my termination, I authorize release of reference information regarding my employment and work record and release the Port of Beaumont from any and all liability resulting from the release of such information. I also understand that this application is subject to the Open Records Act and may be released as a public document.

I understand that my employment is at the discretion of the department director concerned, subject to the approval of the Port Director, and that the Port of Beaumont is an employment-at-will employer, which means that I may resign at any time and the Port may terminate my employment at any time for any or no reason.

I understand that my employment is contingent upon successful completion of a conditional post-employment offer fitness for duty examination, which will include a drug screen. This examination will be conducted by health care providers of the Port's selection. I certify that I will fully and truthfully answer any questions asked by the health care providers or staff. I understand that a positive result from the drug screen will eliminate me from consideration from any Port job for one year. I also, understand that, once employed, refusal to submit to such exams or a positive result on a drug/alcohol screen will be grounds for disciplinary action, which may include termination. While employed, if my department head requests, I will submit to additional physical examinations by health care providers, of the Port's selection, for the purpose of determining my fitness for continued employment. If injured during the course of employment, I will promptly report such injury to my supervisor or department head. If medical treatment is necessary or requested, I will submit to treatment or examination by health care providers of the Port's selection.

I understand and agree that if I am applying for a law enforcement position, I will be required to comply with all the requirements of the Texas Commission on Law Enforcement Officer Standards and Education or other equivalent agency as required by the State. I further understand that any offer of employment is conditional upon satisfactorily completing all tests to determine my fitness for this position.

I understand that some departments of the Port have an Employee Handbook or policies which describe additional obligations, terms and conditions of employment. I agree to promptly familiarize myself with the terms of such documents and abide thereby, if applicable. I understand and agree that all benefits, programs, rules and policies of the Port are subject to exceptions or change at any time, as decided by the Port.

I certify that I have carefully read each provision of this application for employment and that I have been given an opportunity to ask questions concerning any provision which I do not fully understand. I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. **This application must be signed.**

Signature _____ Date _____

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.