



# Port of Skagit

## Application for Employment

How did you find out about the position for which you are applying?

- Newspaper
   
  Employment Security Posting  
 Port Employee
   
  Friend or Relative  
 Other (Please Specify)

Name:

\_\_\_\_\_  
   
 First  
 Middle Initial  
 Last

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone:  
 (\_\_\_\_\_) \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

### PERSONAL

1. Are you 18 years old or over?  Yes  No (If under 18, authorization forms will be required from your parent or guardian and from school authorities in order to work.)
2. Are you legally entitled to work in the United States?  Yes  No
3. Do you have relatives employed by the Port of Skagit?  Yes  No
4. What position(s) are you applying for?  
 1. \_\_\_\_\_ 2. \_\_\_\_\_
5. What are your minimum wage or salary requirements? \_\_\_\_\_
6. Have you previously worked for the Port of Skagit?  Yes  No  
 If yes, provide dates and name, if changed:  
 \_\_\_\_\_
7. Are there shifts, hours, or days you cannot or will not work?  Yes  No  
 If yes, please list:  
 \_\_\_\_\_
8. Are you willing to work overtime, if required?  Yes  No
9. If applying for a position that involves receiving and or dispensing funds, indicate whether or not you have been convicted of a crime related to theft or mismanagement of funds or property within the last seven years:  
 Yes  No
10. Do you have a valid drivers' license?  Yes  No

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**EDUCATION**High School Education

Last High School Attended: \_\_\_\_\_

Please Circle One: Graduation or GED Highest Grade Completed \_\_\_\_\_

College, Business, Training Courses or Other Schools Attended:

Name and Location of School	Type of Degree	Did you graduate?	Credit Hours Earned		Major
			Quarter	Semester	

Do you plan further education? \_\_\_\_ Yes \_\_\_\_ No If yes, starting date: \_\_\_\_\_

Are you currently enrolled in school? \_\_\_\_ Yes \_\_\_\_ No If yes, where?

\_\_\_\_\_

\_\_\_\_\_

Subjects of special study or research work: \_\_\_\_\_

\_\_\_\_\_

Activities other than religious (civic, athletic, etc. )

\_\_\_\_\_

\_\_\_\_\_

Exclude organizations, the name of which indicates race, age, sex, color or national origin of its members.

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**MILITARY SERVICE**

Were you in the U.S. Armed Forces? \_\_\_\_ Yes \_\_\_\_ No If yes, which branch?

\_\_\_\_\_

Rank at discharge? \_\_\_\_\_

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## EMPLOYMENT HISTORY

Below, list present and past employment, beginning with the most recent. Attach additional sheets if necessary.

Current or most recent employer:

Position/Job Title: _____		
Company Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Hours per week: _____		
Telephone: (_____) _____		
Start Date: _____	Starting Pay: \$ _____	(Hour) (Month) (Year)
End Date: _____	Ending Pay: \$ _____	(Hour) (Month) (Year)
Title: _____		
Supervisor: _____		
Description of Duties: _____ _____ _____		
Reason for Leaving: _____		
May we contact this employer?      _____ Yes      _____ No		

Previous Employer:

Position/Job Title: _____		
Company Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Hours per week: _____		
Telephone: (_____) _____		
Start Date: _____	Starting Pay: \$ _____	(Hour) (Month) (Year)
End Date: _____	Ending Pay: \$ _____	(Hour) (Month) (Year)

Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Description of Duties:

\_\_\_\_\_

\_\_\_\_\_

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Reason for Leaving:

\_\_\_\_\_

May we contact this employer?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Previous Employer:

Position/Job Title:

\_\_\_\_\_

Company Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Zip Code:

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

Hours per week:

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Start Date: \_\_\_\_\_ Starting Pay: \$ \_\_\_\_\_ (Hour) (Month) (Year)

End Date: \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_ (Hour) (Month) (Year)

Title:

Supervisor: \_\_\_\_\_

Description of Duties:

\_\_\_\_\_

\_\_\_\_\_

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Reason for Leaving:

\_\_\_\_\_

May we contact this employer?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

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**PROFESSIONAL REFERENCES**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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.

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**READ BEFORE SIGNING**

I understand that employment with the Port of Skagit County will be on a six (6) month probationary basis. If employed, I will abide by its rules and regulations. I understand that this application is not a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. Further, I give permission to contact all or any of my previous employers for full information, except those I have requested not be contacted. I also give permission to check my credit history and perform a personal security review. All of the foregoing information I have supplied in this application is a full and complete statement of the facts and it is understood that, if any falsification be discovered, it will constitute grounds for dismissal upon discovery thereof.

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