1000 E. Port Marina Drive Hood River OR 97031 Telephone: (541) 386-1645 Fax: (541) 386-1395 info@portofhoodriver.com

Port of Hood River

INDUSTRIAL/COMMERCIALFACILITIES AIRPORT INTERSTATE BRIDGE MARINA

Application for Employment

The Port of Hood River is an Equal Opportunity Employer and will consider all applicants without regard to race, color, religion, sex, age, national origin, disability, or marital status.

PERSONAL DATA

Please type or print in ink.

SITION APPLYING	G FOR	 	 		Date	
Name						
Last		First	· · · · · · · · · · · · · · · · · · ·	Middle		
Present address	Number	Street			 	
			City		State	Zip
Mailing address, if di	fferent from at	(Number – Stre	eet – PO Box)		City	State Zip
Telephone ()		·	Email	-		
If under 18, please lis	st age		Driver's	License	State/Number_	
Employment desired	: DFULL-TIM	E ONLY	□PART-TIME O	NLY	□FULL- OR PA	ART-TIME
Date you are available	for work					
Are you legally eligib status will be require			S.A.? 🗌 Yes	☐ No	(Proof of citizer	nship or immigration
cle last grade comp you have a high so				ollege: ´ □ No	123456	
ne and Location of Sch	•	•	Course of Study		Years Attende	d Degree Earned
ne and Location of Och	0013		Course or Clady		T Cars Atterior	d Degree Larried
t any school course o	or vocational tr	aining or spe	cial skills which	are relat	ed to the job for	which you are
olying:		•			-	which you are

EMPLOYMENT HISTORY

Name of Employer	Your last job title:	Employment	Pay or salary
Type of Business		dates	
Address			
City, State, Zip CodePhone number ()	May we contact?	From:	Start:
,	☐ Yes ☐ No	То:	Final:
Name and title of last supervisor:	Reason for leaving (be	specific):	
List the jobs you held, responsibilities, duties properated:	performed, skills used or	learned, computer progi	rams or equipment
Name of Employer	Your last job title:	Employment	Pay or salary
Type of Business		dates	l uy or carary
Address			
City, State, Zip CodePhone number ()	May we contact?	From:	Start:
,	☐ Yes ☐ No	То:	Final:
Name and title of last supervisor:	Reason for leaving (be	specific):	
List the jobs you held, responsibilities, duties properated:	,		
Name of Employer Type of Business Address	Your last job title:	Employment dates	Pay or salary
City, State, Zip Code	May we contact?	From:	Start:
Phone number ()	☐ Yes ☐ No	То:	Final:
Name and title of last supervisor:	Reason for leaving (be		
List the jobs you held, responsibilities, duties properated:	performed, skills used or	learned, computer progi	rams or equipment

References

Give name, address and telephone number of three references who are not related to you and are not previous employers:

Name	Address	Telephone Number

CERTIFICATION AND SIGNATURE

- I certify that I have answered truthfully and have not knowingly withheld any information relative to my
 application. I understand that any misrepresentation of this application will result in my being
 eliminated from further consideration. I further understand that, if accepted for employment, any
 misrepresentation that becomes known to the Port of Hood River will be cause for termination.
- I understand that if hired, I must prove that I am legally authorized to work in the United States.
- I authorize the Port of Hood River to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- I authorize the Port of Hood River to check my driving record if the position for which I am applying requires driving.
- I may be asked to submit to a pre-employment drug test, a credit history check and/or criminal history background check as a condition of employment.
- I release the Port of Hood River and all providers of information from any liability as a result of furnishing and receiving any information related to the Port of Hood River hiring process.

Signature (Must be in ink):	Date: