

APPLICATION FOR EMPLOYMENT

PORT OF KENNEWICK
 350 CLOVER ISLAND DRIVE
 KENNEWICK, WASHINGTON 99336
 Tel: (509) 586-1186
 Fax: (509) 582-7678
 Web Site: PortOfKennewick.org



PLEASE TYPE OR PRINT – USE INK ONLY

This form is required for employment and must be filled out completely. A resume is also required and will not be accepted in place of a completed application. Incomplete applications will be rejected. You must notify the Port of Kennewick if you change your address or phone number. Applicants in need of special accommodation during the employment process due to disability should contact the Port of Kennewick at (509) 586-1186.

POSITION DESIRED:
Maintenance Technician

Name:			
Address:		AVAILABILITY (Please check one):	
		Immediate	Other (Specify)
City/State/Zip:		Fax:	
Telephone Home:		Telephone Cell:	
E-mail:			

<p>Port Disclosure of Wage and Salary Information: This is a full-time position with a starting salary of \$22.00/hour. The Port of Kennewick provides a fully paid benefit package for employees and their families, including medical and dental care, holidays, and other paid time off, retirement, life and disability insurance.</p>
--

GENERAL INFORMATION

Type of work you will accept (check appropriate boxes):		Full Time:		YES	Part-time:		YES	
Temporary:	YES	Seasonal:	YES	Shift:	YES	Weekend:	YES	
Are you legally authorized to work in the USA? NOTE: Proof of authorization will be required on hiring.							YES	NO
Have you worked under any other name?	YES	NO	If YES, what name?					
Do you possess a valid driver's license?	YES	NO	If YES, number:					
State of issue:			Commercial driver's license class:					
			Endorsements:					
Have you ever been discharged (fired) or resigned (quit) in lieu of discharge, except for lay off because of lack of work?							YES	NO
Are you a former Port of Kennewick employee?	YES	NO	If YES, date of termination:					

Have you been convicted by a court of law within the last 10 years of a crime involving behavior that would affect your job performance? (A conviction will not bar you from employment.)		YES	NO
Where:		When:	
Nature of Charges:			
Disposition of Case(s):			

EDUCATION AND TRAINING

Education	Name of School	Diplomas/degrees/etc.	Dates Attended
High School			
Colleges & Universities			
Colleges & Universities			
Technical or Trade Schools			
Training and/or Certifications			
Have you completed an apprenticeship?	YES	NO	Which craft(s):

OTHER SKILLS AND QUALIFICATIONS

What office machines do you operate?	
Computer software?	
List any special technical or machine operation skills that you have gained from employment, training, experience as a volunteer, or through other means:	

EMPLOYMENT EXPERIENCE

Be sure to complete all sections of this application completely and accurately to the best of your ability. Your application will be used as part of the examination process and therefore, should represent your best effort. **Beginning with your present or most recent employment** and working back, list the last four positions you held. Give us a clear description of your job duties, the time spent doing that work, the equipment you used, and anything else which will help us understand the nature of your work. If more space is needed, please attach an additional sheet.

A RESUME WILL NOT BE ACCEPTED IN PLACE OF COMPLETING THIS SECTION. DO NOT REFERENCE "SEE RESUME". INCOMPLETE APPLICATIONS WILL BE REJECTED.

May inquiry be made of your present employer?	YES	NO
---	-----	----

Name and address of employing firm:					
Phone Number:		Immediate supervisor:			
Job Title:				Dates worked:	From To
Reason for leaving:					
Description of work performed:					

Name and address of employing firm:					
Phone Number:		Immediate supervisor:			
Job Title:				Dates worked:	From To
Reason for leaving:					
Description of work performed:					

Name and address of employing firm:					
Phone Number:		Immediate supervisor:			
Job Title:				Dates worked:	From To
Reason for leaving:					
Description of work performed:					

Name and address of employing firm:					
Phone Number:		Immediate supervisor:			
Job Title:				Dates worked:	From To
Reason for leaving:					
Description of work performed:					

PROFESSIONAL REFERENCES

List three people (non-related) who can speak knowledgeably of your ability to do the job.

NAME	ADDRESS	TELEPHONE	YEARS KNOWN

AGREEMENT, CERTIFICATION, AND AUTHORIZATION

(Please read carefully)

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge, and that any misrepresentation or omission shall be considered sufficient cause for employment disqualification or discharge.

I authorize my current or former employer(s) to provide to Port of Kennewick representatives any information regarding my current or former employment. I understand that such information may or may not help my application for employment with the Port of Kennewick. My authorizations to current or former employers to release information are knowing, intelligent, and voluntary acts.

I understand that as a condition of employment, I must pass a pre-employment examination which includes drug screening and alcohol testing and a background check.

If you can perform the job functions with an accommodation, please describe how you would perform the functions and with what accommodations.

I understand that as a condition of employment and within 3 days of being employed, I must provide proof of a legal right to work in the United States and personal identification as required by the Immigration Reform and Control Act of 1986.

Signature of Applicant:		Date of Application:	
--------------------------------	--	-----------------------------	--

NOTE: All applications must be complete, signed and dated in order to be accepted for consideration.