Port of Arlington - Employment Application P.O. Box 279; Arlington, OR 97812 541-454-2868 portofarlington@gorge.net

(PLEASE PRINT)

,					
Social Security Number:		Today's Date:			
NAME:					
(Last)		(First)		(Middle Initial)	
ADDRESS:(Street)	(P.O. Box)	(City)	(St.)	(Zip)	
Driver's License No.: Phone No.:_ Email Address:			- -	(1 /	
For what position are y Pay Expected \$	ou applying?		 		
When would you be av work?			_		
What days & hours of t work?					
Describe your general health:					
EDUCATION				_	
Circle last year comple	ted: 9 - 10	- 11 - 12 - 13 - 1	14 - 15 - 16		
Name of High School:					
Name of College:					
Other:					
Major Courses:					

LIST ANY OTHER TRAINING, EXPERIENCE, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD BE OF VALUE TO YOU IN PERFORMING THE POSITION FOR WHICH YOU						
Were you referred by someone?						
Do you have any physical condition which may limit your ability to perform the particular job for which you						
are applying?YesNo						
If yes, please describe:						

FORMER EMPLOYERS: (Last position first)	DATES	WHAT DID YOU DO?
Firm Name:	From:	
Address:StZip	Mo Yr To:	
- σιτyσισισι	Mo Yr	
Firm Name:	From: Mo Yr	
Address:	To:	
City: St Zip	Mo Yr	
Firm Name:	From: Mo Yr	
Address:	То:	
City:StZip	Mo Yr	

PRE-EMPLOYMENT STATEMENT

My signature below certifies that all information is correct and authorizes any reasonable means to verify. If found to be false, it could be reason for termination.	Э
If presently employed, may we contact? Yes No SIGNATURE	
DATE:	
DATE APPLICATION RECEIVED	
For Office Use Only	
DATE APPLICATION REVIEWED	
COMMENTS:	
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Port of Arlington

P.O. Box 279
Arlington, Oregon 97812
Telephone: 541-454-2868
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EQUAL OPPORTUNITY EMPLOYER

POLICY OF NON-DESCRIMINATION ON THE BASIS OF HANDICAPPED STATUS

The Port of Arlington does not discriminate on the basis of handicapped status in the admission or access to, or treatment of employment, in its programs or activities. The Port of Arlington is an equal opportunity employer.