THE PORT
CAMAS–WASHOUGAL
Human Resources Department
24 South "A" Street
Washougal, Washington 98671
(360) 835-2196 • Fax (360) 835-2197
www.portcw.com

HR Use Only:

Received:_____
Date: _____

An Equal Opportunity Employer

Important Information about the Application Process

- Carefully read the job announcement for the position you are applying for. Applicant materials and communications will be considered as determined appropriate by the Port during our screening and selection process. Therefore, it is important that all materials be accurate, neat and complete. Once received, all application materials become the property of the Port of Camas/Washougal. Incomplete or late application materials will not be considered.
- Employment with the Port may require transfer to different shifts or work locations. In the case of some positions, this may include overtime or evening, weekend or holiday hours. In accepting employment with the Port, you are affirming your ability to accept such transfers and hours.
- In accordance with Federal law proof of identity and proof of authorization to work in the United States is required upon employment. This may also include individuals who have the right to work under an employment visa or similar document.
- If you require accommodations to participate in the application or selection process, please contact Human Resources.
- Unless otherwise stated in the job announcement, only complete Port of Camas/Washougal *Employment Applications* will be considered in the selection process. All materials submitted along with your application become property of the Port of Camas/Washougal and will be used in our selection process. By signing this application you are affirming that all information you provide is accurate and complete.
- Applications are considered active for 90 calendar days.
- During the last part of the Port interview process you will be required to take a drug test, background check and submit a driving record to the Port.

Applicant Information

A separate application must be submitted for each position you are applying for.

Position Title Applying For:		
Date of Application:		
First Name:	Last Name:	
Address:		
City:	State:	Zip Code:
Email Address:		
Home Phone: ( )	Daytime Phone: ( )	
Other names known by:		

Employment History

- Be sure to describe in this section the duties you have performed which demonstrate that you have the knowledge and skills to perform the duties of the job for which you are applying. You may include on-the-job training, internship, volunteer activity, self-employment, and military experience.
- Begin with your most recent job or assignment first and list each job separately, extending for a period of 10 years.
- Additional pages of work history may be attached if necessary.
- A resume, while strongly encouraged, is not a substitute for this application unless otherwise noted in the job announcement.

Current or Most Recent Job Title:	Start Date:	End Date:
Employer:	Phone: ( ) -	
Employer Address:		
If this is your current employer may we contact them if you become a finalist for this position? Yes ☐ No ☐		
Supervisor:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	
Reason for Leaving:		
Duties and Responsibilities:		

Job Title:	Start Date:	End Date:
Employer:	Phone: ( ) -	
Employer Address:		
May we contact this employer? Yes ☐ No ☐		
Supervisor:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	
Reason for Leaving:		
Duties and Responsibilities:		

Job Title:	Start Date:	End Date:
Employer:	Phone: ( ) -	
Employer Address:		
May we contact this employer? Yes ☐ No ☐		
Supervisor:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	
Reason for Leaving:		
Duties and Responsibilities:		

Job Title:	Start Date:	End Date:

Employer:	Phone: ( ) -
Employer Address:	
May we contact this employer? Yes ☐ No ☐	
Supervisor:	Number of people you supervised in this position:
Starting Salary:	Ending Salary:
Reason for Leaving:	
Duties and Responsibilities:	

Do you expect to be engaged in any other business or employment while working for the Port of Camas/Washougal?
Yes ☐ No ☐ Please explain: _____

_____

Education, Training, Certificates & Licenses

Do you have a high school diploma, GED or equivalent? Yes ☐ No ☐

Colleges, universities, military, trade, business or other schools attended					
Name of School	Location of School	Major Subject	Credits Completed: Semester hours	Credits Completed: Quarter hours	Specify Degree or Certificate Earned

Note: A valid driver's license is required for positions where vehicle or equipment operation is an essential job function.

List driver's license or other certificates required for this position			
Title of License or Certificate	Number	Issuing Agency	Date Issued/Date of Expiration
			/
			/
			/

Personal References

Please provide two (2) non-related references we may contact who are not former supervisors.

Name	Address and Phone Number	Relationship and Years Acquainted

General Information

- Are you now, or have you ever been employed/a volunteer at the Port? Yes ☐ No ☐

  If yes, please select the appropriate employment status: ☐ Regular ☐ Temporary/Seasonal ☐ College Intern ☐ Volunteer

Please give job title, department, and dates worked: _____

- Do you have relatives employed by the Port? Yes ☐ No ☐

If yes, please give name, relationship and department:_____

- Are you at least 18 years old? Yes ☐ No ☐
  Note: Due to occupational safety guidelines, some positions may have a minimum age requirement, which is noted on the job announcement if applicable.

- Are you able to safely perform the essential job functions of this position, as noted on the job announcement, with or without reasonable accommodation? Yes ☐ No☐

Certification of Information, Authorization & Release

BY MY SIGNATURE BELOW, I:_____

- *Understand* that as required by the Health Insurance Portability and Accountability Act of 1996, the Port may not use or disclose my health information, except as provided in the Port's Notice of Privacy Practices, without my authorization. My signature on this form indicates that I am giving permission for the uses and disclosures of protected health information as described in the Port's published Notice. I may revoke this authorization at any time by contacting the Port's Human Resources Department;

- *Certify* that all information I provide as part of this application process is true and complete to the best of my knowledge and that I understand that any misstatement of fact may result in my disqualification from consideration for Port employment or in the termination of my Port employment;

- *Agree* that I will be responsible for familiarizing myself with all rules and regulations of the Employer as they presently exist or are later modified;

- *Understand* that if I apply for a safety sensitive position, a conditional job offer will be contingent upon successful completion of a drug screening and I could be subject to random testing after hire;

- *Authorize* the Port of Camas/Washougal to contact my prior employers, educational institutions, references, and any institution or organization with whom I have been associated to give the Port of Camas/Washougal any pertinent information about my employability;

- *Release* the individual, company, institution or organization and all individuals connected therewith from all liability whatsoever incurred in giving such information; and further release the Port of Camas/Washougal from all liability whatsoever incurred in obtaining and/or using such information;

- *Release* the Port of Camas/Washougal, its employees, and agents from all liability and/or claims whatsoever related to obtaining and/or using such information.

Certification of Information, Authorization & Release Continued

- Equal Opportunity Employer. The Port complies with all Federal and State rules and regulations and does not discriminate on the basis of race, creed, color, national origin, sex, honorable discharged Veteran or Military status, sexual orientation including gender identity, age (over 40), marital status, or the presence of any sensory, mental or physical disability or the use of a trained dog guide or service animal by a person with a disability.

- I understand it is the Port's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the American's with Disabilities Act.

- I understand that just as I am free to resign at any time, the Port reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Port has the authority to make any assurances to the contrary.

- I understand if selected to interview with the Port that during that process, I will be required to take a drug test, background check and submit a driving record to the Port.

Signature of Applicant	Date

AN ORIGINAL SIGNATURE IS REQUIRED.

AGREEMENT

I certify that the statements made in this Application are correct and complete to the best of my knowledge.
I understand that false or misleading information may result in termination of employment.
I authorize the Port of Camas/Washougal to conduct a reference check so that a hiring decision may be made. In the event that the Port is unable to verify any reference stated on this Application, it is my responsibility to furnish the necessary documentation.
If accepted for employment with the Port of Camas/Washougal, I agree to abide by all of its policies and procedures. If employed, I understand that I may terminate my employment at any time without notice or cause, and that the Port may terminate or modify the employment relationship at any time without prior notice or cause. In consideration of my employment, I agree to conform to the rules and regulations of the Port and I understand that no representative of the Port, other than the Executive Director, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy. If employed, I understand that my employment is for no definite period of time and, if terminated, the Port is liable only for wages earned as of the date of termination.

Signature of Applicant	Date

AN ORIGINAL SIGNATURE IS REQUIRED.