



PORT OF BELLINGHAM
Washington State

1801 Roeder Avenue, PO Box 1677, Bellingham, WA 98227-1677, (360) 676-2500 FAX (360) 671-6411

Application for Employment

What position are you applying for? _____

Date of Application _____ Date Available _____

Name _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Home Phone _____

Cell Phone _____ Email Address _____

PERSONAL

1. Are you over 18 years old? Yes No

(The Port of Bellingham does not employ individuals under the age of 18)

2. Are you a U.S. Citizen or do you have a Visa or work card which permits you to work in the U.S.?

Yes No

3. Do you have relatives employed by the Port of Bellingham? Yes No

If yes, list name and relationship _____

4. Are you willing to accept the posted salary/salary range? Yes No

5. Have you previously worked for the Port of Bellingham? Yes No

If yes, provide dates and name if changed _____

6. Are there shifts, hours, or days you cannot or will not work? Yes No

If yes, list _____

7. Are you willing to work overtime if required? Yes No

8. If this position requires a valid driver's license, do you have or are you able to obtain a valid

Washington State driver's license? Yes No

WA Driver's License Number _____

PERSONAL (continued)

9. Many positions within the Port require a TWIC (Transportation Worker Identification Credential) or a SIDA Badge (Secure Identification Display Area). If you are applying for a position that requires either the TWIC or the SIDA Badge, please complete the following questions:

Do you currently carry a TWIC or SIDA Badge? Yes No

If no, are you able to pass the fingerprinting, 10 year criminal history record check, and security threat assessment? Yes No

10. What are your reasons for wanting to work for the Port of Bellingham? _____

EDUCATION

High School Education

Name and location of last high school attended _____

Highest grade completed _____ Did you graduate? Yes No

College, Business, Other Schools, or Training Courses Attended

Name and Location	Dates		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree and Major
	From	To		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional licenses/certifications _____

Do you plan further education? Yes No

Are you currently enrolled in school? Yes No

If yes, where? _____

MILITARY SERVICE

Were you in the US Armed Forces? Yes No Branch _____

Rank at Discharge _____ Dates of Duty From _____ To _____

EMPLOYMENT HISTORY

List below present and past employment, beginning with most recent. Attach additional sheets if necessary.

1. Job Title _____ Company _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Hours per week _____
Start Date _____ End Date _____
Supervisor _____ Title _____
Description of Duties _____

Reason for Leaving _____

May we contact this employer? Yes No

2. Job Title _____ Company _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Hours per week _____
Start Date _____ End Date _____
Supervisor _____ Title _____
Description of Duties _____

Reason for Leaving _____

May we contact this employer? Yes No

3. Job Title _____ Company _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Hours per week _____
Start Date _____ End Date _____
Supervisor _____ Title _____
Description of Duties _____

Reason for Leaving _____

May we contact this employer? Yes No

EMPLOYMENT HISTORY (continued)

4. Job Title _____ Company _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Hours per week _____
Start Date _____ End Date _____
Supervisor _____ Title _____
Description of Duties _____

Reason for Leaving _____
May we contact this employer? Yes No

PROFESSIONAL REFERENCES

Name _____ Phone _____
Occupation _____ Address _____

Name _____ Phone _____
Occupation _____ Address _____

Name _____ Phone _____
Occupation _____ Address _____

READ BEFORE SIGNING

I understand that employment with the Port of Bellingham will be on a 90-day or 6 month introductory basis. If employed, I will abide by its rules and regulations. I understand that this application is not, and is not intended to be, 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. 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 _____

EMPLOYMENT APPLICATION SUPPLEMENT

AFFIRMATIVE ACTION INFORMATION

Completion of this form is voluntary

To comply with Federal Government regulations, please complete this form and submit it with your application. The form is kept separate and confidential, and is used only for statistical analysis and compliance.

Name _____ Date _____

Position Applied For _____

Please check all boxes which apply

Section A

Male Female

Section B

White Black or African American Hispanic or Latino Asian
 American Indian or Alaskan Native Native Hawaiian or Pacific Islander

Section C

Disabled Veteran Vietnam Era Veteran Other Protected Veteran
 Separated from the service within the last year

Section D

How did you hear about this position?

- Employment Security Posting Port Employee Friend or Relative
 Port Website Career Website (Specify) _____
 Newspaper Ad (Specify) _____
 Other (Specify) _____
-
-

TO BE COMPLETED BY EMPLOYER

Position Applied For

- Officials and Administrators Professionals Technicians
 Protective Services Paraprofessionals Administrative Support
 Skilled Craftworkers Service/Maintenance