



PORT OF PALM BEACH DISTRICT

Employment Application

An Equal Opportunity Employer

The Port of Palm Beach District "Port" does not tolerate violence or harassment in the workplace.

POSITION APPLIED FOR

Title	Date
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APPLICANT INFORMATION

Last Name	First	M.I.	Title
Street Address			Apartment/Unit #
City		State	ZIP
Home Phone:	Cellular Phone:	E-mail:	
Are you available for full-time employment? YES <input type="checkbox"/> NO <input type="checkbox"/>		List hours, shifts and days you will not work:	
Date Available	Social Security No.	Minimum Salary	
Are you 18 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/>		Emergency contact:	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for the Port? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
List names and positions of any relatives, including in-laws, who work for the Port:			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	

EDUCATION

Your name, if different while attending school:

High School		Location	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Location	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Location	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Location	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

APPLICANT'S NAME _____

JOB TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

Your name, if different while attending school:

School		Location	
From	To	Hours	Course of Study
School		Location	
From	To	Hours	Course of Study
School		Location	
From	To	Hours	Course of Study

LICENSURE, REGISTRATION, CERTIFICATIONS

Type	No.	Date:	Issued by:
Type	No.	Date:	Issued by:
Type	No.	Date:	Issued by:
Type	No.	Date:	Issued by:
Type	No.	Date:	Issued by:

KNOWLEDGE / SKILLS / ABILITIES

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

APPLICANT'S NAME _____

PREVIOUS EMPLOYMENT (continued)

Company	Phone ()
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Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

BACKGROUND INFORMATION

Have you ever committed a felony or a first degree misdemeanor? YES NO

If "YES", what charges? _____

Where convicted? _____ Date of conviction: _____

Have you ever pled NOLO CONTENDERE OR PLED GUILTY to a crime which is a felony or a first degree misdemeanor? YES NO

If "YES", what charges? _____

Where convicted? _____ Date of conviction: _____

Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor? YES NO

If "YES", what charges? _____

Where convicted? _____ Date of conviction: _____

REFERENCES

Name	Address	Telephone No	Business	Years Acquainted

APPLICANT'S NAME _____

Consumer Reports Authorization

Consumer reports may be obtained as a part of the Port of Palm Beach District's evaluation of my job application/employment. The reports may be procured by the Port's insurance carriers and may include my driving record, an assessment of my insurability under the Port of Palm Beach District's insurance coverage or other consumer reports. By signing the certification on this employment application, I, hereby, authorize the Port of Palm Beach District and its insurance carriers to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

CERTIFICATION / SIGNATURE

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Port of Palm Beach District for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for Port employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE: _____ **DATE:** _____

Thank you for considering a career with the Port of Palm Beach District.