

# APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER



**Note:** This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability. Applications will be kept on file for six months.

**(PLEASE PRINT)**

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street, City, State & Zip Code)

Telephone:  Home \_\_\_\_\_  Pager \_\_\_\_\_

Mobile \_\_\_\_\_

Position Desired \_\_\_\_\_

Date Available \_\_\_\_\_ Salary/Compensation Desired \_\_\_\_\_

Referral Source:  Employment Agency  Walk-in  
 Newspaper Ad  School / College  
 Employee Referral  Other \_\_\_\_\_

Have you ever applied for a position with us?

No  
 Yes When? \_\_\_\_\_

Have you ever been employed by us?

No  
 Yes When? \_\_\_\_\_

Do you have a relative working here?

No  
 Yes Name & Relationship \_\_\_\_\_

Are you currently employed?

No  
 Yes Where? \_\_\_\_\_

With reference to the position (s) you are seeking, are there any job-related functions which you are unwilling or unable to perform?

No  
 Yes What? \_\_\_\_\_

**EDUCATIONAL DATA**

SCHOOL	Print name, Number & Street, City, State And Zip Code for each School Listing	No. of Years Completed	Degree Earned	Major

**EMPLOYMENT HISTORY**

Employer	From _____ Month / Year  To _____ Month / Year	Starting Position
Address		Last Position
Telephone		Other Positions Held
Starting Salary \$	Final Salary \$	Immediate Supervisor
Duties		
Reason for Leaving		
Employer	From _____ Month / Year  To _____ Month / Year	Starting Position
Address		Last Position
Telephone		Other Positions Held
Starting Salary \$	Final Salary \$	Immediate Supervisor
Duties		
Reason for Leaving		
Employer	From _____ Month / Year  To _____ Month / Year	Starting Position
Address		Last Position
Telephone		Other Positions Held
Starting Salary \$	Final Salary \$	Immediate Supervisor
Duties		
Reason for Leaving		

## ADDITIONAL INQUIRES CONCERNING EMPLOYMENT HISTORY

In responding to these inquires, continue on a separate sheet if you need additional space.

1. May we contact your present employer?

Yes       No

Previous employers?

Yes       No

Please identify any exceptions and reasons for not contacting: \_\_\_\_\_

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2. Are you on lay off and subject to recall?

Yes       No

3. In order to permit a check of your work and education records, should we be made aware of any change of name that you previously used?

Yes       No

If "yes", please identify name(s) and relevant dates: \_\_\_\_\_

4. Have you ever been dismissed or forced to resign from any employment?

Yes       No

If "yes", please explain: \_\_\_\_\_

5. Have you ever worked for a railroad?

Yes       No

If "yes", please give details of any discipline or injuries you sustained: \_\_\_\_\_

\_\_\_\_\_

6. Have you ever had an occupational injury or illness?

Yes       No

If "yes", please provide details: \_\_\_\_\_

\_\_\_\_\_

7. Have you ever received compensation for a work related injury or illness?

Yes       No

If "yes", please provide details: \_\_\_\_\_

\_\_\_\_\_

8. Will you be able to meet our attendance requirement?

Yes       No

Comments: \_\_\_\_\_

9. Do you presently possess a current/valid Driver's License? If so, please indicate license number, expiration date and from what State of issue:

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State of issue: \_\_\_\_\_

### **MILITARY EXPERIENCE**

Have you ever served in the U.S. Armed Forces?

Yes       No

Describe any special job-related training received: \_\_\_\_\_

\_\_\_\_\_



WE ARE AN EQUAL OPPORTUNITY EMPLOYER. All qualified applicants will receive equal consideration (as required by applicable federal and state law) without regard to race, color, religious creed, sex, marital status, national origin, ancestry, physical or mental condition or disability.

#### APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that this application is only valid for the position applied for at present and that the Company is not obligated to retain or consider this application for future openings.

If employed by the Company, I will abide by Company policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information.

I understand that unless acted upon, this application will become inactive after 180 days.

I hereby agree to submit to any lawful drug or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

I understand that my employment is terminable-at-will, that I am not being employed for a specified time, and that this application is not and is not intended to be a contract for continued employment. I understand that, other than the President of the Company, no manager, supervisor or representative of the Company has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing and then only in writing. I further understand that if I am hired, my job will include any duties and tasks requested or directed by management, regardless of my job title.

I agree on behalf of myself, my heirs and personal representatives, that in the event of any claim or litigation involving this Company in which mental or physical condition is an issue, any physician, surgeon, hospital, clinic, Veteran's Administration or other person or agencies may furnish to this Company any facts or records concerning same, whether derived from confidential relations or otherwise and freely testify in any court to the same and I expressly waive the benefits and ANY state or federal law where such information is considered wholly or partially privileged.

My signature below certifies that I have read and understand the foregoing to the best of my knowledge and belief, the information on this form is true and correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FORM**

I, \_\_\_\_\_, SSN# \_\_\_\_\_, Drivers

License number: \_\_\_\_\_, State of issue: \_\_\_\_\_, Expiration date: \_\_\_\_\_

due hereby authorize the release of my social security number and drivers license information to the **Pacific Harbor Line (PHL)** to use in review of my background.

I understand, that I am not required to provide **PHL** with this number, however, I realize my failure to do so could result in the **PHL** being unable to fully evaluate my qualifications for employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant (type or print)