



Port Industries, Inc.

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

Please Print

Name: _____
Last Name First Name Middle Initial

Address: _____
Number Street City State Zip Code

Social Security Number: _____ - _____ - _____ Home Phone Number: _____

Cell Phone Number: _____ E-Mail: _____

Position Applied For: _____

Applying For: Full Time Part Time Seasonal

Can you accept a position immediately? Yes No If not, what date would you be able to work? _____

Are you employed now? Yes No May we contact your present employer? Yes No

If no, please explain: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

If a driver's license is required for the position for which you are applying, do you have a valid driver's license?

Yes No License No. _____ State Issued: _____ Expiration Date: _____

Do you have adequate transportation to and from work? Yes No

Have you ever used another name? Yes No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable to check on your work and education record? If yes, please explain:

Were you in the Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From _____ to _____ Final Rank _____

Major Duties and Special Training _____

Reserve or National Guard Status _____

Are you over 18 years of age? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying?
 Yes No

EDUCATION

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed: (Please Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree:	X			
Describe Course of Study or Major:				
Describe Specialized Training, Apprenticeship Experience, Skills and Extra-Curricular Activities:				

EMPLOYMENT EXPERIENCE

List Current or Last Employer First

Present or Last Employer:	Date Employed		Reason for Leaving:
	From	To	
City, State, Zip			
Phone:	Hourly Rate/Salary		
	Starting	Final	
Your Title or Position:			
Supervisor:			
Previous Employer:	Date Employed		Reason for Leaving:
	From	To	
City, State, Zip			
Phone:	Hourly Rate/Salary		
	Starting	Final	
Your Title or Position:			
Supervisor:			
Previous Employer:	Date Employed		Reason for Leaving:
	From	To	
City, State, Zip			
Phone:	Hourly Rate/Salary		
	Starting	Final	
Your Title or Position:			
Supervisor:			

Special Skills and Qualifications:

Please include computer systems and programs with which you are familiar: _____

Have you ever been terminated or asked to resign from any job? Yes No If yes, explain circumstances:

Please explain fully any gaps in your employment history:

If laid off, give reason: _____

Have you ever been convicted of or pled guilty to a felony? Yes No If yes, please describe _____

Answering yes to this question will not result in your automatic disqualification. Port Industries, Inc. will consider each application on an individual basis.

Give Name, Relationship, and Occupation of Relatives and Friends working for Port Industries, Inc.: _____

CHARACTER REFERENCES:

Please list persons who know you well – Not previous employers or relatives

Name	Occupation	Address	Telephone	Number of Years Known

APPLICATION STATEMENT

I UNDERSTAND THAT I WILL BE SUBJECT TO DISMISSAL IF ANYTHING IN THIS APPLICATION IS FOUND TO BE FALSE OR MISLEADING IN ANY PARTICULAR WAY.

I hereby give PORT INDUSTRIES, INC. the right to make a thorough investigation of my past employment, education, and activities, and I release from liability all persons, companies, and corporations supplying that information. I release and indemnify PORT INDUSTRIES, INC. against any liability that might result from making such an investigation. I understand that any false answers, statements, or implications made by me in this application or other required documents, including any omission of requested or required information, shall be considered sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between PORT INDUSTRIES, INC. and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon PORT INDUSTRIES, INC. unless made in writing by the CEO. If an employment relationship is established, I understand that such employment is at will and may be terminated with or without cause at any time.

A PHOTGRAPHIC COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

APPLICANT'S SIGNATURE

DATE



Port Industries, Inc.

802 Industrial Drive Palmyra, MO 63461 (573) 769-3338 (573) 769-4026

