**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **PERSONAL INFORMATION** |

|  |  |
| --- | --- |
| **P**  **E**  **R**  **S**  **O**  **N**  **A**  **L** | Last Name First Middle  City, State, Zip:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Primary Telephone Number Secondary Number  Are you 18 or older? Yes No |

|  |  |
| --- | --- |
| **P**  **O**  **S**  **I**  **T**  **I**  **O**  **N** | Position Desired: Wages desired:  Other positions for which you are qualified: Date Available to Start Work:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employment Desired: Are you willing to work overtime as required: Yes No  First Shift   Second Shift   Third Shift   Weekend Shift   Apart from absences for religious reasons, are you available for full time work?  Yes No  Do you have any relatives or members of your household employed by the Port of Louisville? Yes No  How did you learn about this employment opportunity? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School | Name/Location of School | Course of Study | No. of  Years  Completed | Did you Graduate? | Degree/Diplomas |
| Graduate |  |  |  | Yes  No |  |
| College |  |  |  | Yes   No |  |
| Business/ Technical |  |  |  | Yes  No |  |
| High School |  |  |  | Yes  No |  |

|  |
| --- |
| **EMPLOYMENT HISTORY**  Please list up to your last ten (10) years of employment information, starting with present or most recent employer. Account for all periods, including unemployment and service with the US Armed Forces. Also, include all relevant part-time positions. A resume may not be used as a substitute but may be attached. |

|  |  |  |
| --- | --- | --- |
| 1 | Company Name:  Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Supervisor:  Job Title and Brief Description: | Telephone:  Dates of Employment:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ending Rate of Pay:  Reason for Leaving |

|  |  |  |
| --- | --- | --- |
| 2 | Company Name:  Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Supervisor:  Job Title and Brief Description: | Telephone:  Dates of Employment:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ending Rate of Pay:  Reason for Leaving: |

|  |  |  |
| --- | --- | --- |
| 3 | Company Name:  Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Supervisor:  Job Title and Brief Description: | Telephone:  Dates of Employment:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ending Rate of Pay:  Reason for Leaving: |

|  |
| --- |
| **PERSONAL REFERENCES**  List collogues from present or former employment who can speak to your work ethic and professional capabilities. No friends or relatives, please. |

|  |  |  |
| --- | --- | --- |
| Your reference’s Name and Company | Telephone Number | Reference’s Job Position |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **ADDITIONAL INFORMATION** |

|  |  |
| --- | --- |
| Please list membership(s) in work teams or former employers, professional and civic organizations participation, including special accomplishments and/or awards. | Please list any specialized skills or training received. |

**COMPANY’S EQUAL OPPORTUNITY EMPLOYMENT STATEMENT**

Perspective employees will receive consideration without regard to discrimination based on race, creed, color, sex, age, national origin, veteran status, marital statute, disability, handicap, sexual orientation, citizenship status or any condition prescribed by state or local law.

**APPLICANT’S STATEMENT**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any information or significant omissions will disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize and agree to cooperate in any investigation of my past employment, education, and background and relieve from liability all persons or entities requesting or supplying such information.

I understand that any offer of employment is conditioned upon my successful completion of any of the Company’s pre-employment screening processes, including, without limitation, the Company receiving references that it considers satisfactory.

I understand that should I accept an offer of employment that either the company or I can terminate at any time for any reason not prohibited by law, that I am not being employed for any specific period of time and that this application does not constitute, nor is it to be construed as, a contract of employment.

I understand and acknowledge that no one other than the president of the Company has the authority to enter into an employment contract between me and the Company, and that any such contract must be in writing and executed by me and such officer on behalf of the Company.

I understand that any offer of employment is contingent upon my producing documentation to verify my Identity and U.S. citizenship, or if an alien, my legal authorization to work in the United States, as required by federal law.

I understand that the completion of this application does not establish any obligation of the Company to hire me.

|  |  |
| --- | --- |
| Applicant’s Signature: | Date: |
| Witness: | Date: |

**DRUG FREE WORKPLACE POST-OFFER SUBSTANCE TESTING AGREEMENT AND RELEASE**

I have applied for employment with the Port of Louisville and understand as a condition of employment I must and remain drug free. I understand that the Port of Louisville is a drug free workplace and the use of drugs or alcohol in the workplace is prohibited. I agree to undergo a post-offer substance screening. I understand that failure to do so will terminate my consideration for employment. I understand that if my port-offer substance screening results are positive, or if I fail to undergo the screening at the appointed time, my application my not be considered further, any standing offer for employment may be rescinded, and/or employment may be immediately terminated. I hereby give consent to and authorize the Port of Louisville and its agents, employees, and/or any physician, laboratory, hospital, or medical professional retained by the Port of Louisville to collect an unadulterated urine specimen and to use such specimen to conduct the substance screening and provide results to the Port of Louisville. I understand that failure to respond to the Medical Review Officer (MRO) within twenty-four (24) hours of initial contact will have the same effect as a positive drug test. Finally, I release the Port of Louisville and its agents, employees, and/or any physician, laboratory, hospital, or medial professional retained by the Port of Louisville from any and all liability for use of this information, even if the information negatively impacts my opportunity for employment with the Port of Louisville.

|  |  |
| --- | --- |
| Applicant’s Signature: | Date: |
| Witness: | Date: |