

PortSide Builders Inc

APPLICATION FOR EMPLOYMENT

DATE:

PortSide Builders, Inc., is an equal opportunity employer. All qualified applicants for employment with **PortSide Builders, Inc.**, shall be equally considered on the basis of merit without regard to race, color, creed, age, religion, medical condition, mental or physical disability, sex, national origin, ancestry, marital or veteran status, pregnancy/childbirth, sexual orientation, arrest record, conviction record, unfair honesty testing, membership in the National Guard, state defense force or any reserve component of state or national military forces.

(please print)

Position(s) applied for _____

[] Full-time [] Part-time [] Seasonal

Name _____

Last

First

Middle

Address _____

No.

Street

City

State

Zip Code

Telephone (_____) _____ Social Security No. _____

If you are hired and are under age 18, can you furnish a work permit? [] Yes [] No

Have you filed an application here before? [] Yes [] No If yes, give date(s) _____

Have you ever been employed here before? [] Yes [] No If yes, give date(s) _____

Are you employed now? [] Yes [] No

Are you a citizen of the United States? [] Yes [] No (Proof of citizenship status may be required upon employment.)

On what date will you be available for work? _____

Are you on layoff and subject to recall? [] Yes [] No

Can you travel if a job requires it? [] Yes [] No

Can you perform essential functions of the job you are applying for? [] Yes [] No

If no, please explain: _____

Employment Experience Start with your most current or last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin. Identify employers you would NOT wish us to contact, if any, and explain why.

1 Employer	Dates Employed		Work Performed
Telephone ()	From:	To:	
Address			
Job Title Supervisor	Hourly Rate/ Salary		
Reason for Leaving	Starting:	Final:	
May we contact? [] Yes [] No If no, explain:			
2 Employer	Dates Employed		Work Performed
Telephone ()	From:	To:	
Address			
Job Title Supervisor	Hourly Rate/ Salary		
Reason for Leaving	Starting:	Final:	
May we contact? [] Yes [] No If no, explain:			
3 Employer	Dates Employed		Work Performed
Telephone ()	From:	To:	
Address			

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Job Title	Supervisor	Hourly Rate/ Salary	
Reason for Leaving		Starting:	Final:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			

If you need additional space, please continue on a separate sheet of paper.

List any professional, trade, business or civic activities and/or offices held (please exclude those that indicate race, color, religion, sex or national origin):

Provide name, address and telephone number of three references not related to you, whom you have known at least one year.

1. _____
2. _____
3. _____

Education

	Elementary School	Secondary/High School	College/University	Graduate/Professional
School name(s)				
Years completed (circle)	5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of study				
Describe specialized training, apprenticeship, skills, extra-curricular activities, honors received, etc.				

Special Questions

Do not answer any of the following questions in the framed area unless **PortSide Builders, Inc.**, has checked a box preceding a question, thereby, indicating that the information is required for a bonafide occupational qualification or dictated by national security laws or is needed for other legally permissible reasons.

<input type="checkbox"/> Height: ft. in.	<input type="checkbox"/> Citizen of United States: Yes No
<input type="checkbox"/> Weight: lbs.	<input type="checkbox"/> Date of Birth:* / /
<input type="checkbox"/> Have you any impairment in hearing?	<input type="checkbox"/> Have you any impairment in vision?
<input type="checkbox"/> Have you any impairment in speech?	

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

Agreement

I certify that the information I have given are true and complete to the best of my knowledge. I authorize investigation of all statements in this employment application as deemed necessary in arriving at an employment decision. I also authorize my past and current employers to release any information regarding my employment. I agree that false or misleading information given in my application may result in discharge in the event that I am employed. I further understand that, if hired by **PortSide Builders, Inc.**, I am required to abide by all rules and regulations of the company, which may be changed and/or eliminated from time to time as meets the best interests of the company. I understand that this application is not a contract for employment and understand that, if I am employed, the employment relationship may be severed with or without advance notice and with or without stated reason.

Signature of Applicant

Date

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Personnel Use Only

Position(s) applied for: _____

Is position(s) applied for open?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date/Time:	<input type="text"/>
Arrange interview?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Interviewed by:	_____					

REMARKS: _____

Was applicant employed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Date hired:	<input type="text"/>
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