



P.O. Box 10  
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FAX (503) 322-0029  
Email: [info@portofgaribaldi.org](mailto:info@portofgaribaldi.org)  
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**APPLICATION FOR PORT OF GARIBALDI**  
(answer all questions – please type or print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of Application \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Referral Source (please check)     Advertisement     Friend     Relative  
    Newsletter     Other

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you over 18 years of age?     Yes     No

Are you known by another name?     Yes     No

If yes, by what name? \_\_\_\_\_

Have you filed an application or been employed by the Port before?     Yes     No

If yes, what date(s) \_\_\_\_\_

Are you currently employed?     Yes     No

If yes, may we contact your current employer     Yes     No

Are you a citizen of the United States?     Yes     No

If not, do you possess an Alien Registration Card?     Yes     No

Are you available:     Full Time     Part Time     On Shifts

Are you available for emergencies, evenings, weekends, and holidays?  Yes  No

What date are you available to begin? \_\_\_\_\_

Do any of your friends or relatives work for the Port of Garibaldi?  Yes  No

If yes, list name(s) \_\_\_\_\_

Have you ever been convicted of a felony or released from prison within the last 7 years?

Yes  No

If yes, describe in full, including date(s) \_\_\_\_\_

Are you on lay-off and subject to recall?  Yes  No

Do you have a valid Oregon Drivers License?  Yes  No

Do you have a disability, a handicap, or a medical condition that limits your job performance?

Yes  No

(see attached job description for required job performance)

If yes, please explain, \_\_\_\_\_

Do you have any physical problems with heavy lifting?  Yes  No

If yes, please explain \_\_\_\_\_

Are you a Veteran?  Yes  No

If yes, what was your branch of military service? \_\_\_\_\_ Rank \_\_\_\_\_

What type of discharge did you receive? \_\_\_\_\_

List Trade or Professional Organizations of which you are a member, including offices held.

\_\_\_\_\_  
\_\_\_\_\_

Give name, address, and phone number of three references not related to you.

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### POSITION AND/OR EMPLOYMENT EXPERIENCE

List each job held. Start with your present or previous job. Include military services assignments and volunteer activities.

1. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_  
Work performed/job duties \_\_\_\_\_  
\_\_\_\_\_  
Hourly rate/salary (starting) \_\_\_\_\_ (final) \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
  
2. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_  
Work performed/job duties \_\_\_\_\_  
\_\_\_\_\_  
Hourly rate/salary (starting) \_\_\_\_\_ (final) \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
  
3. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_  
Work performed/job duties \_\_\_\_\_  
\_\_\_\_\_  
Hourly rate/salary (starting) \_\_\_\_\_ (final) \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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



**AGREEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers or omissions, my application may be rejected, my name removed from consideration, or my position with the Port be terminated.

I hereby authorize the Port of Garibaldi to obtain information from my former employers and others in determining my qualifications and suitability to fill the position I see, including information of a confidential or privileged nature. I release Port of Garibaldi from any liability that may result from obtaining the information requested for the purpose specified herein. This release will expire one year after the date it is signed.

I understand that not every candidate who applies for this position will be offered an interview.

I understand that the position may be subject to passing a physical examination and/or a drug test.

I understand that if I do not provide any required paperwork, my application will automatically be rejected.

UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Return Application to:           Port of Garibaldi  
  PO Box 10  
  402 S. 7<sup>th</sup> Street  
  Garibaldi, OR 97118  
  (503) 322-3292 phone, (503) 322-0029 fax  
  [info@portofgaribaldi.org](mailto:info@portofgaribaldi.org)