

# Northshore Harbor Center Application for Employment

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

Position(s) Applied For	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address		
<i>Number</i>	<i>Street</i>	<i>City</i>
		<i>State</i>
		<i>Zip Code</i>
Telephone Number(s)		Social Security Number (Voluntary)

Best time to contact you at home is: ..... AM  
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes  No

Have you ever filed an application with us before? .....  Yes  No  
 .....If Yes, give date: \_\_\_\_\_

Do any of your friends or relatives work here? .....  Yes  No

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

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*

Date Available for work \_\_\_/\_\_\_/\_\_\_      What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full Time (please indicate ( 1 2 3 shift)  
 Part Time (please indicate Mornings Afternoon Evenings)  
 Temporary (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate College				
Other (Specify)				

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

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**Have you ever been convicted of a misdemeanor or felony, excepting minor traffic related incidents? If yes, please explain (*this will not automatically disqualify you for employment*).**

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# EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

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

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age ancestry, disability or other protected status.

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# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## Specialized Skills

(Check Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typing	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application:

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Can you perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation?  Yes  No

## REFERENCES

1. Name: _____	Phone: (    ) - _____	Reference Type: _____
2. Name: _____	Phone: (    ) - _____	Reference Type: _____
3. Name: _____	Phone: (    ) - _____	Reference Type: _____
4. Name: _____	Phone: (    ) - _____	Reference Type: _____

I hereby attest that all information included on this form is true to the best of my knowledge.

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

\_\_\_\_\_  
Date