

Application for Employment



**PORT OF
BEAUMONT**

1225 Main Street, Beaumont TX 77701

www.pobtx.com

hr@pobtx.com

Equal access to programs, services and employment opportunities is available to all persons without regard to race, color, sex (including pregnancy, sexual orientation and gender identity), religion, national origin, disability, age, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name _____ Preferred Name _____
Last First Middle

Address _____
Street City State ZIP Code

Telephone # _____ Cellular/Other Phone # _____ E-mail Address _____

Position(s) applied for _____ Date of application _____

Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) _____

If necessary, best time to call you is _____ AM PM
 Home Cellular/Other

May we contact you at work? Yes No
 If **yes**, work number and best time to call:

_____ AM PM

Do you have a TWIC card? Yes No
 If **yes**, please list expiration date: _____

Have you submitted an application here before? Yes No
 If **yes**, give date(s) and position(s): _____

Have you ever been employed here before? Yes No
 If **yes**, give dates: From _____ To _____

Is this application a request for reemployment following an extended military leave of absence from this company? Yes No

If **yes**, additional information may be requested.

Are you lawfully authorized to work in the United States? Yes No

Date available for work _____ / _____ / _____

What is your desired salary range or hourly rate of pay?
 \$ _____ Per _____

Type of employment desired: Full-Time Part-Time

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? ... N/A Yes No

Will you work overtime if required? Yes No

If **no**, please explain: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

A driver's license is required for the job which you are applying:

Number _____ State _____

Do you have a clean driving record? Yes No

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? NOTE: Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. **You are not obligated to disclose juvenile records that have been sealed.** Yes No

If **yes**, please provide date(s) and details:

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? Yes No

If **yes**, please explain: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed: Month Year to Month Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$ _____
Why did you leave? E-mail:		Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$ _____
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone #	Dates employed: Month Year to Month Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$ _____
Why did you leave? E-mail:		Compensation (Final)
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Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$ _____
What did you like most about your position?		
What were the things you liked least about the position?		

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

Word Processing _____ Level: _____ Internet _____ Level: _____

Spreadsheet _____ Level: _____ Other _____ Level: _____

Presentation _____ Level: _____ Other _____ Level: _____

E-mail _____ Level: _____ Other _____ Level: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known

Related Information

When answering these questions, please exclude any information that would reveal race, color, sex (including pregnancy, sexual orientation and gender identity), religion, national origin, disability, age, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? _____

List special accomplishments, publications, awards, etc. _____

List any relevant volunteer work. _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that the answers given herein are true and complete. I understand that any falsification or willful omission made in my application, resume or interview(s) shall be sufficient cause for dismissal or refusal of employment, whenever discovered. I hereby authorize each former employer, whether given as a reference or not, to answer any questions and furnish any information sought by the Port concerning any qualifications for employment. Depending on the department and position applied for, I understand that such investigation may include a full criminal history and FBI records check. I authorize investigation of all statements contained in this application for employment, and I release the Port of Beaumont, its management and appointed and elected officials, and all third parties supplying information to the Port from any and all liability, including liability caused by negligence, arising from reference and background checks conducted by or on behalf of the employer about me. Upon my termination, I authorize release of reference information regarding my employment and work record and release the Port of Beaumont from any and all liability resulting from the release of such information. I also understand that this application is subject to the Open Records Act and may be released as a public document.

I understand that my employment is at the discretion of the department director concerned, subject to the approval of the Port Director, and that the Port of Beaumont is an employment-at-will employer, which means that I may resign at any time and the Port may terminate my employment at any time for any or no reason.

I understand that my employment is contingent upon successful completion of a conditional post-employment offer fitness for duty examination, which will include a drug screen. This examination will be conducted by health care providers of the Port's selection. I certify that I will fully and truthfully answer any questions asked by the health care providers or staff. I understand that a positive result from the drug screen will eliminate me from consideration from any Port job for one year. I also understand that, once employed, refusal to submit to such exams or a positive result on a drug/alcohol screen will be grounds for disciplinary action, which may include termination. While employed, if my department head requests, I will submit to additional physical examinations by health care providers, of the Port's selection, for the purpose of determining my fitness for continued employment. If injured during the course of employment, I will promptly report such injury to my supervisor or department head. If medical treatment is necessary or requested, I will submit to treatment or examination by health care providers of the Port's selection.

I understand and agree that if I am applying for a law enforcement position, I will be required to comply with all the requirements of the Texas Commission on Law Enforcement Officer Standards and Education, or other equivalent agency as required by the State. I further understand that any offer of employment is conditional upon satisfactorily completing all tests to determine my fitness for this position.

I understand that some departments of the Port have an Employee Handbook or policies which describe additional obligations, terms and conditions of employment. I agree to promptly familiarize myself with the terms of such documents and abide thereby, if applicable. I understand and agree that all benefits, programs, rules and policies of the Port are subject to exceptions or change at any time, as decided by the Port.

I certify that I have carefully read each provision of this application for employment and that I have been given an opportunity to ask questions concerning any provision which I do not fully understand. I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, color, sex (including pregnancy, sexual orientation and gender identity), religion, national origin, disability, age, genetic information, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____