

Port Authority of San Antonio

Application for Employment

Equal Opportunity Employer: This organization does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, or veteran status

General Information

Position applied for		Date of application	
Name	Last	First	Middle
Address (Street / Route / P.O.Box)		City	State
			Zip Code
Telephone			

Do you have a valid driver's license? Yes No

Can you show proof of eligibility to work in this country? Yes No

Are you under 18 years of age? Yes No

Have you been employed under any other name?
If yes, please list: _____ Yes No

Are you presently in layoff status and subject to recall? Yes No

Have you ever been employed by this organization?
Dates: _____ Yes No

If you are employed, may we contact your present employer? Yes No

Are you related by kinship or marriage to any employee of this organization? Yes No

If yes, give name & relationship:

Have you been convicted of a felony?
(For consideration on certain positions) Yes No

If yes, please explain:

Date available for work _____

Available for: Full-time Part-time
 Temporary Shift

Education and Training

Yes No Are you a high school graduate? _____
School Name _____ City/State _____

Yes No Do you have a GED certificate? _____
City/State _____

College(s) Attended	Location	Major	Type of Degree Earned

Please list any other training and education including Trade School, Business College, etc. which would further qualify you for the position:

References

Name	Address	Telephone

Employment Record

Instructions: Beginning with your most recent job, list below jobs which you have held and specifically describe duties performed. Include any job-related military service assignments or volunteer work. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status. YOU MAY ATTACH RESUME IF YOU WISH, BUT YOU MUST FILL OUT THIS SECTION FULLY. If you need additional space, please continue on a separate sheet.

LIST NAME, ADDRESS, & PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY (Hr., Mo., or Yr.)
Job Title				
Employer Name	Phone ()			
Address				
Duties				
Reason for Leaving				
Job Title				
Employer Name	Phone ()			
Address				
Duties				
Reason for Leaving				
Job Title				
Employer Name	Phone ()			
Address				
Duties				
Reason for Leaving				
Job Title				
Employer Name	Phone ()			
Address				
Duties				
Reason for Leaving				

Special Skills/Qualifications

Add any additional special job-related skills or qualifications you may have received from your experience (for example, licenses/certifications, foreign language proficiency, office/computer skills.)

Applicant's Statement

I certify that all answers given in this application are true and complete. I also understand that any offer of employment may be conditional upon the satisfactory results of drug screening and background checks. I authorize investigation of all statements contained in this application for employment, as may be necessary at an employment decision and do not hold the Organization or any other individual involved in this investigation liable for information obtained in this process. I also understand that false or misleading information given in my interview or this application may result in elimination from consideration or discharge at any time. I further understand that, if employed, I will abide by all policies, rules, and procedures of the organization.

Signature _____ Date _____