



JACKSON COUNTY PORT AUTHORITY

Port Pascagoula

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

I. Personal Information

Date: _____

Name: _____
Last Middle First

Present Address _____

Home Phone: _____ Cell Phone: _____

Position Applied for: _____ Salary Desired: _____

1. If you are under 18, can you provide proof of your eligibility to work? ☐ Yes ☐ No
2. Have you ever been interviewed by us before? ☐ Yes ☐ No
If yes, give approximate date _____
3. Have you ever been employed with us before? ☐ Yes ☐ No
If yes, give date _____
4. Are you currently employed? ☐ Yes ☐ No
5. May we contact your present employer? ☐ Yes ☐ No
6. May we contact your past employer(s)? ☐ Yes ☐ No
7. Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No
8. Do you have any friends, relatives or acquaintances working for the Port? ☐ Yes ☐ No
If so, list name and relationship: _____
9. Have you ever been convicted of a felony?* ☐ Yes ☐ No
If yes, please explain: _____

(Note: A felony conviction will not customarily exclude you from consideration.)

10. Citizen of USA: ☐ Yes ☐ No (If no, give Registration number or Visa number which allows employment in the USA.: _____)

II. Educational History

School Name/Location	Degree/Diploma	Yr. Completed
High School _____		
College _____		
Technical Training _____		
Other _____		

Indicate any foreign languages you can speak, read or write:

Speak _____	☐ Fluent	☐ Good	☐ Fair
Read _____	☐ Fluent	☐ Good	☐ Fair
Write _____	☐ Fluent	☐ Good	☐ Fair

List professional, trade, business or civic activities and offices held, if any: _____

III. Personal References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

IV. Employment Record

Please include last four (4) employers.

1.

Current (or Last) Employer	Position Held
Address	Dates Employed
Supervisor	Telephone Number
Reason for Leaving	Last Wage
2.

Employer	Position Held
Address	Dates Employed
Supervisor	Telephone Number
Reason for Leaving	Last Wage

IV. Employment Record (Continued)

3.	Employer	Position Held
	Address	Dates Employed
	Supervisor	Telephone Number
	Reason for Leaving	Last Wage
4.	Employer	Position Held
	Address	Dates Employed
	Supervisor	Telephone Number
	Reason for Leaving	Last Wage

V. Military Record Dates of Service, Branch, Rank at Discharge, Type of Discharge:

Are you currently a member of a reserve group? ☐ Yes ☐ No

If yes, Branch: _____ Active _____ Inactive _____

VI. Special Skills and Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience you feel may be helpful to us in considering your application.

VII. Work Ability

Are you physically able to perform the duties of the job for which you are applying with or without accommodations? ☐ Yes ☐ No

If accommodations are needed, please explain: _____

Do you have any medical condition(s) which may limit your ability to perform the particular job for which you are applying/hired? If Yes, please explain:

Are you currently being prescribed any medication which may affect your ability to perform the particular job for which you are applying/hired? If Yes, please explain:

VIII. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?
2. Do you have any objections to working overtime? ☐ Yes ☐ No
3. Can you work overtime without prior notice? ☐ Yes ☐ No
4. Can you work on Saturday and/or Sunday? ☐ Yes ☐ No
5. Can you work shift work? ☐ Yes ☐ No
6. Can you travel if required by this position? ☐ Yes ☐ No
7. Do you have a valid driver's license? ☐ Yes ☐ No

IX. Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. ☐ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of the Jackson County Port Authority (Port).

Additionally, I hereby acknowledge the following:

That any employment relationship with the Port is of an "at will" nature, which means that I may resign at any time and the Port may discharge me at any time with or without cause.

That this is an application for employment and that no employment contract is being offered.

That if employed, the first one hundred eighty (180) days are probationary and such employment is for an indefinite period of time and that the Port may change wages, benefits, and conditions at any time.

That having made application to the Port and desiring them to be informed of my past record and character, whether it be financial, academic, military, medical, employment, judicial, or personal reference, I hereby authorize the release of all such information, privileged or otherwise, to the Port and its representatives, and release all contributing parties of such information from any charge or liability whatsoever because of furnishing said information.

That this application for employment shall be considered active for a period of time not to exceed twelve (12) months.

Signature of Applicant

Date

HOW TO SUBMIT: Please fill out the form above and "Save As" your first and last name and the title of the position you are applying for. Attach the saved form to an email to Brittany Johnson at bjohnson@portpascagoula.com.