



Application for Employment
Erie-Western PA Port Authority, 1 Holland Street, Erie, PA 16507 info@porterie.org

AN EQUAL OPPORTUNITY EMPLOYER

The Erie Port Authority reviews all applications, without regard to race, color, religion, sex, sexual orientation, gender identity or expression, genetic information, national origin, age, marital, disability or veteran status, or any other legally protected status.

Candidate's Name:		
Address:		
Telephone Number:		
Are you 18 years of age or older?	Yes	No
Are you authorized to work in the U.S.?	Yes	No
Have you ever worked or attended school under another name? If so, under what name?		

Position Desired

Position:	Date:
Start date available:	Wage rate desired: Hourly Monthly Annually
Do you prefer: Full-time Part-time	If part-time, hours per week desired:
Hours you are available to work:	Days of week you are available to work:
In general, are you able to work:	Weekends Nights Overtime Holidays
Have you previously been interviewed or worked for Erie-Western PA Port Authority?	Yes (if yes, answer a, b &c below) No
a. Dates of employment with Erie-Western PA Port Authority from	to
b. Reason(s) for leaving:	
c. Former supervisor(s) at this company:	
How did you learn about this opening?	

Education

High School:	Graduated? Yes No	Course of Study:
Technical School:	Graduated? Yes No	Course of Study:
College/University:	Graduated? Yes No	Course of Study:
Post-Graduate Education:	Graduated? Yes No	Course of Study:
Other education, training or special skills:		

Skills

Are you experienced in using personal computers?	Yes	No	Windows	Apple
List any software programs that are you capable of using and may be relevant to the position?				

Work Experience

Please list all previous employment relative to desired position, beginning with the most recent. If you need more room, you may attach another sheet of paper. If no relative experience, please list last two employers.

Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		May we contact?	Yes No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		May we contact?	Yes No
Description of Duties:			
Starting Compensation:		Final Compensation:	

References

Identify three persons who know your work, beginning with the most recent. Do not use relatives.			
Name:			
Email:		Phone:	
Address:		City & State:	Zip Code:
Position & Title:			Years Known:
Name:			
Email:		Phone:	
Address:		City & State:	Zip Code:
Position & Title:			Years Known:
Name:			
Email:		Phone:	
Address:		City & State:	Zip Code:
Position & Title:			Years Known:

Authorization and Acknowledgements – Read carefully before signing

I affirm that the information I have provided in this application and accompanying resume is true to the best of my knowledge, information and belief, and I have not knowingly falsified or withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge. Further, I understand that employment is not for a stated period and can be terminated with or without cause at any time, with or without notice, at the option of either the Authority or employee. I understand that employees of the Authority are subject to drug & alcohol testing. I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure. I have been advised that the Authority intends to conduct a criminal background check that will be tailored to the requirements of the job for which I am applying, in the event the Authority offers me employment.

Candidate's Signature	Date
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