

669 S. Poplar Street
Florence, AL 35630
Phone: 256-767-5388
Fax: 256-764-2871

Florence-Lauderdale County Port Authority

Application for Employment

Name _____ Social Security Number _____

Address _____
(City) (State) (Zip Code)

Phone Number _____

I am under 18 years old _____ I am over 18 years old _____

Have you ever been convicted of any felony? Yes _____ No _____

If yes, please explain _____
(Such record may be relevant if job-related, but does not bar you from employment)

License# _____ Class _____ State _____

EDUCATION AND TRAINING

Type of School	Name of School/City & State	Did you Graduate?	Course or Degree
High School			
College			
Vocational			

Special Skills _____

List three references (not relatives or supervisors) with address and phone number.

1. _____

2. _____

3. _____

Are you a Citizen of the U.S. or a registered alien authorized to work in the U.S.? Yes _____ No _____

Are you presently employed? _____ If so, where? _____

Previous Employer _____

Address _____

Phone# _____ Type of Business _____

Job Title _____ Name & Title of Supervisor _____

Dates of Employment From _____ To _____ Reason for Leaving _____

Previous Employer _____

Address _____

Phone# _____ Type of Business _____

Job Title _____ Name & Title of Supervisor _____

Dates of Employment From _____ To _____ Reason for Leaving _____

Previous Employer _____

Address _____

Phone# _____ Type of Business _____

Job Title _____ Name & Title of Supervisor _____

Dates of Employment From _____ To _____ Reason for Leaving _____

READ CAREFULLY AND SIGN

I solemnly declare and affirm that all answers and statements in this application are wholly true, full, and correct in every particular and detail and I fully authorize the Port Authority to investigate and verify all statements listed above. I agree to abide by and comply with all laws of the State of Alabama and working conditions and policies established by the Florence-Lauderdale County Port Authority.

I understand that misrepresentation as to preexisting physical or mental conditions may void my workers' compensation benefits. I also understand that if I suffer an on-the-job injury, I may be required to submit to a drug or alcohol test. Failure to submit to a test, or a positive result, may be reason for denial of workers' compensation.

I verify that I have the job duties and qualifications of the position for which I am applying and that I meet all the qualifications required by the position, including any certification or license necessary for the performance of the essential job functions, and that I am able to perform all the essential functions of the position with or without accommodations.

Applicants Signature

Date

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veterans status, the presence of a non-job related medical condition or disability, or any other legally protected status.