

## EMPLOYMENT APPLICATION

MANATEE COUNTY PORT AUTHORITY  
300 TAMPA BAY WAY  
PALMETTO, FL 34221-6608  
(941) 722-6621

TO APPLICANT: We appreciate your interest in Port Manatee and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us when considering you for employment. All areas of this application must be completed before you will be considered for employment.

PERSONAL INFORMATION:  
(PLEASE PRINT IN INK)

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MI)

ADDRESS: \_\_\_\_\_  
(NUMBER) (STREET) (APT NO.)

\_\_\_\_\_  
(CITY) (STATE) (ZIP)

PHONE: ( ) \_\_\_\_\_ OR ( ) \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ CHAUFF. LICENSE #: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ RATE OF PAY EXPECTED: \_\_\_\_\_

WHEN WOULD YOU BE AVAILABLE? \_\_\_\_\_ FULL TIME  PART TIME

HAVE YOU EVER APPLIED WITH US BEFORE? \_\_\_\_\_ IF YES, GIVE DATE: \_\_\_\_\_

HAVE YOU BEEN EMPLOYED WITH US BEFORE? \_\_\_\_\_ IF YES, GIVE DATE: \_\_\_\_\_

DO YOU HAVE ANY RELATIVES OR FRIENDS IN OUR EMPLOYMENT? \_\_\_\_\_

IF YES, GIVE NAME AND RELATIONSHIP: \_\_\_\_\_

WHAT METHOD OF TRANSPORTATION WILL YOU USE TO GET TO WORK? \_\_\_\_\_

LIST ANY SKILLS, QUALIFICATIONS OR PREVIOUS EXPERIENCES WHICH YOU FEEL WOULD ESPECIALLY FIT YOU WITH OUR ORGANIZATION: \_\_\_\_\_

EQUAL OPPORTUNITY EMPLOYER

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_

IF YES, STATE CIRCUMSTANCES: \_\_\_\_\_

HAS YOUR LICENSE EVERY BEEN SUSPENDED OR REVOKED? \_\_\_\_\_ IF YES, WHEN: \_\_\_\_\_

**EDUCATION (Must have high-school diploma or equivalent):**

	<u>NAME</u>	<u>LOCATION</u>	<u>YEARS COMPLETED</u>
HIGH SCHOOL	_____	_____	_____
COLLEGE	_____	_____	_____
GRADUATE/ TRADE	_____	_____	_____

**MILITARY SERVICE RECORD:**

WERE YOU IN THE U.S. ARMED FORCES? \_\_\_\_\_ IF YES, WHICH BRANCH: \_\_\_\_\_

DUTY FROM: \_\_\_\_\_ TO: \_\_\_\_\_ RANK: \_\_\_\_\_

ARE YOU CURRENTLY IN ANY RESERVES? \_\_\_\_\_ IF YES, WHICH BRANCH: \_\_\_\_\_

LIST ANY SPECIAL TRAINING RECEIVED WHILE IN THE SERVICE OR UNDER THE G.I. BILL OF RIGHTS:

**HEALTH INFORMATION:**

WHEN WAS THE LAST DATE YOU RECEIVED A PHYSICAL EXAMINATION: \_\_\_\_\_

DO YOU HAVE A PHYSICAL DISABILITY OR IMPAIRMENT? \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

HAVE YOU HAD A PREVIOUS INJURY WHICH WOULD LIMIT YOUR CAPABILITY TO PERFORM THE DUTIES REQUIRED FOR EMPLOYMENT AT PORT MANATEE? \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

PERSONAL PHYSICIAN: \_\_\_\_\_ (NAME) \_\_\_\_\_ (PHONE NUMBER)

**PERSONAL REFERENCES:**

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>OCCUPATION</u>

**WORK EXPERIENCE (BEGIN WITH MOST RECENT):**

EMPLOYER: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ SALARY: \_\_\_\_\_  
DESCRIBE DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ MAY WE CONTACT? \_\_\_\_\_

-----  
EMPLOYER: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ SALARY: \_\_\_\_\_  
DESCRIBE DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ MAY WE CONTACT? \_\_\_\_\_

-----  
EMPLOYER: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ SALARY: \_\_\_\_\_  
DESCRIBE DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ MAY WE CONTACT? \_\_\_\_\_

A false answer to any question on this application may be grounds for not employing you, or for dismissing you after you begin work. Employment is considered probationary for six (6) months. If at the end of that time or sooner, it is found that an employee has not adapted to his/her work or is not likely to prove useful, employment may be terminated without further reason.

**PRE-EMPLOYMENT DRUG TESTING  
AND FINGERPRINT/BACKGROUND CHECK POLICY**

Consistent with Manatee County Port Authority's policy opposing drug and alcohol abuse, we have implemented a pre-employment drug testing policy as well as random drug testing once hired.

All job applicants at this agency will undergo screening for the presence of illegal drugs or alcohol as a condition of employment.

Applicants will be required to voluntarily submit to urinalysis testing.

Any applicant with positive test results will be denied employment at that time, but may initiate another inquiry with our agency after six months.

Manatee County Port Authority will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol that prevents employees from properly performing their jobs that our agency will not tolerate.

In addition, per Florida Statutes 311.12, all new applicants must be fingerprinted and have a FBI background check prior to date of hire.

□□□□□□□□

To assist Manatee County Port Authority in assessing my qualifications for the position I am applying, I hereby authorize by signature, Manatee County Port Authority to seek out information regarding my present and previous employment and school records (except where otherwise indicated). I understand that misrepresentation or omission of facts requested on this application is just cause for immediate termination without previous notice.

I hereby release Manatee County Port Authority from any liability or damage that may result from furnishing the information requested. I also agree to undergo a drug and alcohol urinalysis test and fingerprint/background check as a condition of employment.

I \_\_\_\_\_, a citizen of the State of Florida and of the United States of America, upon being employed by the Manatee County Port Authority and as a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitutions of the United States and of the State of Florida.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HIRED: \_\_\_\_\_  
(Department) (Position) (Salary)

FIRST DATE OF EMPLOYMENT: \_\_\_\_\_  
(Approved by) (Date)