Vanport Marine, Inc. Application for Employment

We are an Equal Opportunity
Employer and are committed to
excellence through diversity.
Vanport does not discriminate in
hiring based on any federally or
Oregon's protected classifications.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a

Personal Infor	mat	ion				
Name						
Address			City	State	Zip	
Phone Number	Mobile Number		Email Address			
Do you have legal rights to work in the U.S.?			Yes No No			
Position						
Position You Are Applying For			Available Start Date		Desired Pay	
Education						
School Name		Location	Years Attended	Degree Received	Major	
References						
Name			Title	Company	Phone	
			I		I	

Employment History						
COMPANY	Job Title		Dates Employed			
Work Phone	Job Duties					
Address	City	State	Zip			
Supervisor	May we contact? Yes □ No □					
COMPANY	Job Title		Dates Employed			
Work Phone	Job Duties					
Address	City	State	Zip			
Supervisor	May we contact? Yes ☐ No ☐					
COMPANY	Job Title		Dates Employed			
Work Phone	Job Duties					
Address	City	State	Zip			
Supervisor	May we contact? Yes □ No □					
COMPANY	Job Title		Dates Employed			
Work Phone	Job Duties					
Address	City	State	Zip			
Supervisor	May we contact? Yes ☐ No ☐					
Signature Disclaimer						
I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application is grounds for refusing to hire me, or for discharge should I be hired.						
I authorize any person, organization or company listed on this application to furnish you any and all information concerning my pervious employment, education, and qualifications for employment. I also authorize you to request and receive such information.						
In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added to or interpreted at any time, at the company's sole option and without prior notice to me.						
I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.						
Name (Please Print)	Signature					
Date						