

DOB:

**APPLICANT INFORMATION**

Last Name: First: M.I. Date:

Street Address: Apartment/Unit#

City: State: Zip:

Phone: Email address:

Date Available: Social Security No.: Desired Salary:

Position Applied for:

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If so, when?

Have you ever been convicted of a felony? Yes No If so, explain

**EDUCATION**

High School: Address:

From: To: Did you graduate? Yes No Degree

College: Address:

From: To: Did you graduate? Yes No Degree

Other Address:

From: To: Did you graduate? Yes No Degree

**REFERENCES**

Please list professional references

Full Name: Relationship:

Company: Phone: ( )

Address:

Full Name: Relationship:

Company: Phone: ( )

Address:

Full Name: Relationship:

Company: Phone: ( )

Address:

**PREVIOUS EMPLOYMENT**

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Repsonsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference: Yes      No

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Repsonsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference: Yes      No

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Repsonsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference: Yes      No

**MILITARY SERVICE**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explan: \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I Certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*ALL APPLICANTS SUBJECT TO DRUG TESTING AND BACKGROUND CHECK\*\*\***

The Sabine Pass Port Authority is an Equal Opportunity Employer. The Sabine Pass Port Authority does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by law.