



Lorain County Port Authority

ANSWER ALL QUESTIONS ON THIS APPLICATION – DO NOT WRITE “SEE RÉSUMÉ”

EQUAL EMPLOYMENT POLICY

The Lorain County Port Authority provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MAIDEN NAME/ALIAS	MIDDLE INITIAL
HOME ADDRESS	CITY	STATE	ZIP
PRIMARY PHONE	SECONDARY PHONE	EMAIL ADDRESS	
DO YOU HAVE A WORK PERMIT (IF UNDER 18 YEARS OF AGE)? ☐ YES OR ☐ NO	DO YOU HAVE A VALID DRIVER'S LICENSE? ☐ YES OR ☐ NO DRIVER'S LICENSE NUMBER: (INCLUDE STATE OF ISSUANCE IF NOT OHIO.)		
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? ☐ YES OR ☐ NO	HAVE YOU APPLIED FOR ANOTHER POSITION WITH THE COUNTY WITHIN THE LAST YEAR? ☐ YES OR ☐ NO IF YES, WHAT POSITION?		
DO ANY OF YOUR RELATIVES WORK FOR THE COUNTY? ☐ YES OR ☐ NO IF YES, WHO? LIST NAME(S), DEPARTMENT AND RELATION			

POSITION(S) APPLIED FOR

DEPARTMENT:	POSITION TITLE:
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EDUCATION, CERTIFICATIONS AND LICENSES

<u>NAME OF SCHOOL AND LOCATION</u>	<u>SELECT LAST YEAR COMPLETED</u>	<u>TYPE OF DEGREE OR DIPLOMA</u>	<u>MAJOR AREA OF STUDY</u>
HIGH SCHOOL	☐ 9 ☐ 10 ☐ 11 ☐ 12 GRADUATE? ☐ YES ☐ NO		
COLLEGE	☐ 1 ☐ 2 ☐ 3 ☐ 4 GRADUATE? ☐ YES ☐ NO		
U.S. MILITARY			
CERTIFICATIONS/LICENSES			

EMPLOYMENT HISTORY

PRESENT/MOST RECENT EMPLOYER	ADDRESS			
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER
POSITION TITLE			REASON FOR DESIRING TO LEAVE	
DUTIES PERFORMED				
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR				MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO

APPLICANT:

EMPLOYER		ADDRESS		
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER
POSITION TITLE		REASON FOR LEAVING		
DUTIES PERFORMED				
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR				MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO

EMPLOYER		ADDRESS		
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER
POSITION TITLE		REASON FOR LEAVING		
DUTIES PERFORMED				
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR				MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO

EMPLOYER		ADDRESS		
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER
POSITION TITLE		REASON FOR LEAVING		
DUTIES PERFORMED				
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR				MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO

REFERENCES		
Give name and telephone number of three <u>professional</u> references who are not related to you.		
NAME	RELATIONSHIP	PHONE NUMBER

APPLICANT:

ADDITIONAL INFORMATION

List skills, interests, languages spoken or read, licenses, certifications, gaps in employment, etc., you feel is important for the position in which you are applying.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION ARE GROUNDS FOR IMMEDIATE DISQUALIFICATION OR DISMISSAL UPON DISCOVERY THEREOF. I AUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES, AND GOVERNMENT AGENCIES TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY BACKGROUND, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM LIABILITIES FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO ABIDE BY THE LORAIN COUNTY COMMISSIONERS POLICIES, PROCEDURES, RULES, AND REGULATIONS. I FURTHER UNDERSTAND THAT BY SIGNING BELOW I ACKNOWLEDGE ALL REFERENCES AND PRIOR EMPLOYMENT HISTORY AS LISTED IN THIS APPLICATION IS SUBJECT TO VERIFICATION.

Signature of Applicant

Date

Outside applicants for employment may be required to submit to fingerprinting for a background check. The following types of employee background checks may be performed: prior employment verification; personal and professional references; educational verification; BCI (Ohio Bureau of Criminal Investigation); and motor vehicle. Full drug screen/ breath alcohol testing is also required for employment.

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**The Lorain County Port Authority
EQUAL EMPLOYMENT OPPORTUNITY**

Responses to these questions are **OPTIONAL**. These questions are included to assist our equal employment opportunity efforts. Providing this information is **VOLUNTARY** and will in no way affect the processing of your application or your being considered for employment. We will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied For _____ Date _____

1. **OPTIONAL:** Please indicate your sex: ☐ Male ☐ Female

2. **OPTIONAL:** Please select your age group:
☐ Under 18 ☐ 18-25 ☐ 26-39 ☐ 40-54 ☐ 55-69 ☐ 70+

3. **OPTIONAL:** Please indicate your Race/Ethnicity:
☐ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
☐ **BLACK or AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
☐ **HISPANIC or LATINO:** A person of Mexican, Chicano, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
☐ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
☐ **NATIVE HAWAIIAN or PACIFIC ISLANDER:** A person having origins in any of the original peoples of the Hawaii, Guam, Samoa or other Pacific Islands.
☐ **AMERICAN INDIAN or ALASKAN NATIVE:** A person having origins in any of the original peoples of North America (including Central America), and who maintains tribal affiliation or community attachment.
☐ **TWO OR MORE RACES:** A person who primarily identifies with two or more of the above race/ethnicity categories

4. **OPTIONAL:** Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities? ☐ Yes ☐ No

5. **OPTIONAL:** Are you a veteran? ☐ Yes ☐ No

Please indicate if one or more of the following apply.

- ☐ **MILITARY STATUS:** The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full-time National Guard duty.
- ☐ **DISABLED VETERAN:** A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- ☐ **DESERT STORM/SHIELD VETERAN:** A person whose active duty was performed after August 2, 1990, in the Persian Gulf Conflict.
- ☐ **VIETNAM ERA VETERAN:** A person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975.