OGDENSBURG BRIDGE & PORT AUTHORITY

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. ***Please print***.

FULL NAME: _____   **DATE:** _____

ADDRESS: _____

PHONE: _____   **E-MAIL ADDRESS:** _____

POSITION APPLIED FOR: _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES _____ NO _____

IF NO, ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES _____ NO _____

ARE YOU OF LEGAL AGE TO WORK? YES _____ NO _____

SHIFT PREFERRED: 1 _____   2 _____   3 _____   ANY _____

ON WHAT DATE WOULD YOU BE AVAILABLE TO WORK? _____

HAVE YOU EVER BEEN EMPLOYED BY THE OBPA OR THE AUTHORITY BEFORE? YES _____ NO _____

IF YES, POSITION? _____   **DATES?** _____

SPECIAL TRAINING OR SKILLS: (LANGUAGE, MACHINE OPERATION, ETC.) THAT WOULD BENEFIT YOU IN THE JOB FOR WHICH YOU ARE APPLYING?

_____

EDUCATIONAL BACKGROUND

HIGH SCHOOL
NAME AND LOCATION: _____

FROM: _____   **TO:** _____   **DID YOU GRADUATE? YES _____ NO _____**

COURSE OF STUDY / DEGREE / DIPLOMA: _____

COLLEGE
NAME AND LOCATION: _____

FROM: _____   **TO:** _____   **DID YOU GRADUATE? YES _____ NO _____**

COURSE OF STUDY / DEGREE: _____

OTHER
NAME AND LOCATION: _____

FROM: _____   **TO:** _____   **DID YOU GRADUATE? YES _____ NO _____**

COURSE OF STUDY / DEGREE: _____

PREVIOUS EMPLOYMENT

PLACE AN X IN THE BOX BY THE EMPLOYER(S) YOU DO NOT WANT US TO CONTACT.
LIST THE MOST RECENT EMPLOYER FIRST.

☐ **COMPANY NAME:** _____ **CONTACT NAME:** _____

ADDRESS: _____ **PHONE:** _____

POSITION: _____ **EMPLOYED FROM:** _____ **TO:** _____

REASON FOR LEAVING: _____ **ENDING SALARY:** _____

☐ **COMPANY NAME:** _____ **CONTACT NAME:** _____

ADDRESS: _____ **PHONE:** _____

POSITION: _____ **EMPLOYED FROM:** _____ **TO:** _____

REASON FOR LEAVING: _____ **ENDING SALARY:** _____

☐ **COMPANY NAME:** _____ **CONTACT NAME:** _____

ADDRESS: _____ **PHONE:** _____

POSITION: _____ **EMPLOYED FROM:** _____ **TO:** _____

REASON FOR LEAVING: _____ **ENDING SALARY:** _____

☐ **COMPANY NAME:** _____ **CONTACT NAME:** _____

ADDRESS: _____ **PHONE:** _____

POSITION: _____ **EMPLOYED FROM:** _____ **TO:** _____

REASON FOR LEAVING: _____ **ENDING SALARY:** _____

REFERENCES

NAME: _____

ADDRESS: _____

PHONE: _____

HOW DO YOU KNOW THIS PERSON?

_____

NAME: _____

ADDRESS: _____

PHONE: _____

HOW DO YOU KNOW THIS PERSON?

_____

NAME: _____

ADDRESS: _____

PHONE: _____

HOW DO YOU KNOW THIS PERSON?

_____

NAME: _____

ADDRESS: _____

PHONE: _____

HOW DO YOU KNOW THIS PERSON?

_____

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**