



PORT OF OAKLAND

Employment Application

Exact title of position for which you are applying:

Office of Personnel and Employee Services

530 Water Street, Oakland, CA 94607 ☎(510) 627-1487/1505 ✦ (Job Hotline) (510) 627-1142 ✦ (Fax) (510) 627-1860 ✦ (TDD) (510) 763-5703

Web Site: www.portofoakland.com

1. LAST NAME		FIRST NAME		MI	SOCIAL SECURITY No. (TO BE USED AS YOUR CANDIDATE ID No.)	
2. CURRENT ADDRESS		NUMBER & STREET	APT. No.	CITY	STATE	ZIP CODE
3. HOME PHONE	4. BUS. PHONE	4a. E-MAIL ADDRESS			5. OTHER NAMES USED WHILE EMPLOYED BY THE PORT OF OAKLAND:	
6. Have you ever been convicted of a felony? (Note: Conviction of a felony may not disqualify you. Qualifications and backgrounds are reviewed in relation to job requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No				7. ARE YOU NOW EMPLOYED BY THE PORT OF OAKLAND? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," exact job title and department is: _____		
8. ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY PORT OFFICIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," give name of person and relationship _____				9. Type of employment that you will accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time		
10. US MILITARY (To claim veteran's preference points, you must present proof of honorable discharge (DD214) when you file your application. (This also applies to current Port employees.) If you were separated from the service (Active Duty Status) within the last five (5) years from the date of examination, you may claim veteran's preference.)				DO YOU CLAIM VETERAN'S PREFERENCE? Yes <input type="checkbox"/> No <input type="checkbox"/> DATE AND BRANCH OF DISCHARGE _____		11. DO YOU HAVE <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED CHECK ONE
12. NAME, CITY & STATE OF HIGH SCHOOL, COLLEGES/UNIVERSITIES ATTENDED			UNITS COMPLETED SEMESTER QUARTER	COURSE OF STUDY/MAJOR	TYPE OF DEGREE:	COMPLETED: Yes No
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
13. OTHER RELEVANT COURSES AND TRAINING			NAME AND LOCATION OF INSTITUTION		LENGTH OF COURSE	ENDED
14. PROFESSIONAL LICENSE OR CERTIFICATE, IF REQUIRED			CERTIFICATE NUMBER		DATE ISSUED	EXPIRATION DATE
15. LIST ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ OR WRITE FLUENTLY			16. PLEASE INDICATE VALID DRIVER'S LICENSE OR ID NUMBER, STATE, EXPIRATION DATE			
17. DESIGNATE SKILLS, IF REQUIRED FOR THIS POSITION. (Note: Testing of skills may be required prior to or following selection.) Typing Speed _____ wpm Data Entry Speed _____ wpm			FOR OFFICIAL USE ONLY Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Education <input type="checkbox"/> Incomplete: <input type="checkbox"/> Late <input type="checkbox"/> License <input type="checkbox"/> Not Elg. Prom <input type="checkbox"/> Not Elg. Restr. <input type="checkbox"/> Met MQs/Scrnd <input type="checkbox"/> CSB Rule 4.12B <input type="checkbox"/> Exp. <input type="checkbox"/> CSB Rule 4.07 <input type="checkbox"/> Other _____ Initials _____ Date _____ Examination Number _____			
18. NAME, ADDRESS AND PHONE NUMBER OF EMERGENCY CONTACT NAME _____ PHONE _____ ADDRESS _____ CITY _____						
CERTIFICATE OF APPLICANT: I certify that all statements made in this application are true, and I agree and understand that misstatements or omissions of any material will subject me to disqualification or dismissal. Signature: _____ Date: _____						

PORT OF OAKLAND EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The Port of Oakland asks all applicants to voluntarily complete this form in order to comply with the United States Government Equal Opportunity requirements. Data collected will be used for statistical purposes. The information will be immediately detached from your application and kept confidential.

The Port of Oakland complies with all Federal, State and local laws guaranteeing Equal Employment Opportunities to all. If you feel you have been treated unfairly or discriminated against because of race, color, national origin, sex, age, disability, marital status, or sexual orientation, please contact the Port's Director of Equal Opportunity at (510) 627-1417.

OAKLAND RESIDENTS: OAKLAND residents may be given additional credit upon qualifying for selected positions.

DISABLED APPLICANTS: The Office of Personnel & Employee Services will make reasonable accommodations in the exam process to accommodate disabled applicants. If you have a disability for which you need accommodation, please call (510) 627-1516/TDD (510) 763-5703.

Exact title of position for which you are applying: _____ Date: _____

Name _____ Male Female

Oakland Resident Yes No

Choose the one Ethnic Group with which you most closely identify:

- a. White - All persons having origins in any of the original people of Europe, North Africa or the Middle East.
- b. Black - All persons having origins in any of the Black racial groups.
- c. Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- d. Asian or Pacific Islander - All persons except Filipinos, having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. For example: China, India, Japan, Korea and Samoa. Filipino is listed below as F.
- e. American Indian or Alaskan native - All persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliations or community recognition.
- f. Filipino Persons of Filipino Ancestry or ethnic origin.

4. Do you have a mental or physical disability* for which you may need special testing accommodations? _____

5. If the answer to #4 is yes, what testing accommodations do you need? _____

*As defined in the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

This Section MUST be filled out or your application may not be considered. You may also attach a résumé or other relevant documents to further describe your qualifications.
19. EXPERIENCE: Begin with your most recent experience. List all employment in the last SEVEN years that is related to the job for which you are applying. Indicate Self-employment, U.S. Military Service and Volunteer Experience. Indicate "Volunteer" in the space for salary. Include details that meet the entrance requirements of the position.

FROM Mo/Yr	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION	NO. EMPLOYEES SUPERVISED BY YOU
TO Mo/Yr	ADDRESS CITY STATE ZIP	NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
Hrs. PER Wk.	DUTIES:		
SALARY: \$ PER/			

REASON FOR LEAVING

FROM Mo/Yr	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION	NO. EMPLOYEES SUPERVISED BY YOU
TO Mo/Yr	ADDRESS CITY STATE ZIP	NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
Hrs. PER Wk.	DUTIES:		
SALARY: \$ PER/			

REASON FOR LEAVING

FROM Mo/Yr	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION	NO. EMPLOYEES SUPERVISED BY YOU
TO Mo/Yr	ADDRESS CITY STATE ZIP	NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
Hrs. PER/Wk.	DUTIES:		
SALARY: \$ PER/			

REASON FOR LEAVING

FROM Mo/Yr	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION	NO. EMPLOYEES SUPERVISED BY YOU
TO Mo/Yr	ADDRESS CITY STATE ZIP	NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
Hrs. PER Wk.	DUTIES:		
SALARY: \$ PER/			

REASON FOR LEAVING

FROM Mo/Yr	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION	NO. EMPLOYEES SUPERVISED BY YOU
TO Mo/Yr	ADDRESS CITY STATE ZIP	NAME OF SUPERVISOR	SUPERVISOR'S PHONE No.
Hrs. PER Wk.	DUTIES:		
SALARY: \$ PER/			

REASON FOR LEAVING

INQUIRY MAY BE MADE OF YOUR FORMER EMPLOYERS OR THE LAST SCHOOL YOU ATTENDED REGARDING YOUR PERFORMANCE RECORD.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

DATE: _____

HOW DID YOU LEARN ABOUT THIS EXAMINATION?

- Bulletin - Port of Oakland Bulletin Boards
 Radio Announcement
 Port Job Hotline
 Port Employee
 Television Announcement
 Port Web Site

IF ONE OF THE FOLLOWING, PLEASE SPECIFY:

- Bulletin-Public Office other than Port _____
 Minority Organization/Group _____
 Women's Organization/Group _____
 Newspaper/Name _____
 School/Name _____
 Other Internet Site _____
 Other Community Organizations _____
 Other _____