

Jacksonville Port Authority ~ EMPLOYMENT APPLICATION

A separate application must be submitted for each job you apply for. Copies are acceptable.



Equal Opportunity Employer

Equal Access Employer

Veterans Preference Employer

E-Verify Employer

Where to find Job Openings:

- On the Internet at: www.jaxportjobs.com
- JAXPORT Job Line: (904) 357-3095
- Jacksonville Port Authority
2831 Talleyrand Avenue
Jacksonville, Florida 32206

THIS SECTION MUST BE COMPLETED

Application Date: _____

Indicate Job Title of position you are apply for

Date You Are Available for Employment: _____

Where did you learn of this vacancy?

____ Newspaper Ad ____ Walk-in ____ Employee ____ Internet

____ Professional Newsletter ____ JAXPORT Website

____ Other

INSTRUCTIONS

• Complete this application in its entirety. Type or print in ink.

(Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)

• Submit your application in-person to: JAXPORT, 2831 TALLEYRAND AVENUE, JACKSONVILLE FLORIDA

• Submit your application by-email to: hr@jaxport.com

• Submit your application by facsimile to: (904) 357-3103

• Sign your name in the Certification Section on page 1. All information you submit is subject to verification.

• Notify Human Resources at (904) 357-3029 directly and in advance if, due to a disability, you require special accommodations to participate further in the employment process.

HOW DO WE CONTACT YOU?

Your Name _____

E-mail Address _____

Your Home Address _____

CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

Your Mailing Address (if different from above) _____

Home Phone _____

Work, Business or Cell Phone _____

RELATIVES IN THE JACKSONVILLE PORT AUTHORITY EMPLOYMENT

To your knowledge, do you have any relatives working for the Jacksonville Port Authority? YES NO

If "Yes", Name(s): _____ Relationship(s): _____

Dept(s) where employed: _____

(continue list on another sheet, if necessary)

DRIVERS LICENSE

State of Issuance: _____ Drivers License Number: _____

Expiration Date: ____ / ____ / ____ Driver's License Type: _____ Endorsement Type (if applicable): _____

CERTIFICATION

I understand that any omissions, falsifications, misstatements, or misrepresentations of the information provided by me may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I provide may be investigated as allowed by law. I understand that applications submitted for JAXPORT employment are public records except as noted on page 2. I certify that to the best of my knowledge and belief that all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I further understand that if I am a candidate to fill a position, prior to appointment I will be required to successfully pass a pre-employment drug test and that any offer of employment will be conditional upon any required medical screening.

SIGNATURE: _____ DATE: _____

YOUR NAME _____

DATE _____

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

Are you a current or former law enforcement officer, other covered employee* or the spouse or child of one, who is exempt from public records disclosure under §119.07, Florida Statutes? **Yes** **No**

**Other covered jobs include correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement and certain investigators in the Department of Children and Families; human resource, labor relations, or employee relations directors, assistant directors, managers, or assistant managers and their spouses & children; code enforcement officers and their spouses & children. (See §119.07, F.S.)*

EDUCATION – Indicate Highest Grade Completed

Grade School (1 - 8) ____ **High School** (9 - 12) ____ **GED** **College** (1 - 4) ____ **Graduate School** (1 - 4) ____

HIGH SCHOOL

Name: _____ City/State: _____

Received: Diploma GED None, highest grade completed: _____

Your name, if different while attending school: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	CITY, STATE	DATES OF ATTENDANCE (MONTH/YEAR)		# OF CREDIT HOURS, IF NO DEGREE EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

Your name, if different while attending school: _____

OTHER TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	CITY, STATE	DATES OF ATTENDANCE (MONTH/YEAR)				TYPE OF DEGREE/ Certificate EARNED
		FROM	TO			

Your name, if different while attending training: _____

PERIODS OF EMPLOYMENT All employment information must be filled out in this section. Resumes and other attachments will not be accepted in place of filling out this section, but may be provided as supplemental information.

Describe your work experience in detail beginning with your PRESENT or most recent job, and describe all periods of employment for the past 10 years and any periods of unemployment longer than six months. Be sure to provide complete information regarding each position. Please indicate supervisory responsibility and number of employees supervised.

May we contact your current employer? YES NO

May we contact your former employer(s)? YES NO

DO NOT LEAVE QUESTIONS BLANK

1 Name of Present or Last Employer: _____

Address: _____ Phone No: _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: ___/___/___ To: ___/___/___ Number of Hours Worked Per Week: _____ Annual Salary: \$ _____

Supervisory Responsibility: YES NO Number of employees supervised: _____

Your Name (if Different During Employment): _____ Reason for Leaving: _____

Duties & Responsibilities: _____

2 Name of Present or Last Employer: _____

Address: _____ Phone No: _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: ___/___/___ To: ___/___/___ Number of Hours Worked Per Week: _____ Annual Salary: \$ _____

Supervisory Responsibility: YES NO Number of employees supervised: _____

Your Name (if Different During Employment): _____ Reason for Leaving: _____

Duties & Responsibilities: _____

3 Name of Present or Last Employer: _____

Address: _____ Phone No: _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: ___/___/___ To: ___/___/___ Number of Hours Worked Per Week: _____ Annual Salary: \$ _____

Supervisory Responsibility: YES NO Number of employees supervised: _____

Your Name (if Different During Employment): _____ Reason for Leaving: _____

Duties & Responsibilities: _____

4 Name of Present or Last Employer: _____

Address: _____ Phone No: (____) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: / / To: / / Number of Hours Worked Per Week: _____ Annual Salary: _____

Supervisory Responsibility: **YES** **NO** Number of employees supervised: _____

Your Name (if Different During Employment): _____ Reason for Leaving: _____

Duties & Responsibilities: _____

5 Name of Present or Last Employer: _____

Address: _____ Phone No: (____) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: / / To: / / Number of Hours Worked Per Week: _____ Annual Salary: _____

Supervisory Responsibility: **YES** **NO** Number of employees supervised: _____

Your Name (if Different During Employment): _____ Reason for Leaving: _____

Duties & Responsibilities: _____

6 Name of Present or Last Employer: _____

Address: _____ Phone No: (____) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: / / To: / / Number of Hours Worked Per Week: _____ Annual Salary: _____

Supervisory Responsibility: **YES** **NO** Number of employees supervised: _____

Your Name (if Different During Employment): _____ Reason for Leaving: _____

Duties & Responsibilities: _____

7 Name of Present or Last Employer: _____

Address: _____ Phone No: (____) _____

Your Job Title: _____ Supervisor's Name and Title: _____

From: / / To: / / Number of Hours Worked Per Week: _____ Annual Salary: _____

Supervisory Responsibility: **YES** **NO** Number of employees supervised: _____

Your Name (if Different During Employment): _____ Reason for Leaving: _____

Duties & Responsibilities: _____

*If needed, attach additional sheet, using the same format as on this page.
Resumes may be attached to provide additional information regarding duties and responsibilities.*

CRIMINAL HISTORY INFORMATION

SCREENING WILL BE CONDUCTED ON THE SELECTED APPLICANT. IF YOUR ANSWERS TO THE QUESTIONS BELOW DO NOT ACCURATELY REFLECT YOUR CRIMINAL HISTORY, YOU WILL BE ELIMINATED FROM FURTHER CONSIDERATION FOR THE VACANCY.

If you are not sure or do not remember what happened in a criminal case(s), contact the appropriate county, state, or federal agency so that you can report accurate information on your criminal history. A "Yes" answer to any question(s) will not automatically eliminate you for consideration for employment. The nature, job-relatedness, severity and date of the offense(s) in relation to the duties of the position for which you are applying are considered.

1. Have you ever been convicted or pled guilty to a felony or a first-degree misdemeanor? YES NO
2. Have you ever had the adjudication of guilt withheld or plead nolo-contendre for a felony or a first-degree misdemeanor? YES NO
3. Have you ever been convicted of, or pled guilty, no contest or nolo-contendre to a crime? YES NO
4. Have you ever been charged with a crime and had any of the following happen as a result: (1) placed on a court-ordered probation, (2) adjudication withheld, (3) entered a pre-trial intervention program? YES NO
5. Do you have any criminal charges now pending? YES NO

If you answered Yes to one of the above questions, give details (date, place, offense(s), disposition, or current status):

CHARGE	DATE OF DISPOSITION	COUNTY/STATE

Continue list on another sheet if necessary.

1. Have you ever been sued/been a defendant in a civil action for intentional tort(s) (e.g. assault, battery, intentional infliction of emotional distress), or an unlawful employment practice (e.g. sexual or racial harassment)? YES NO

If yes, identify the alleged intentional tort(s) and/or unlawful employment practice(s), the disposition of the action, and the date of the disposition:

2. Have you ever been fired or asked to resign? YES NO

If yes, please explain: _____

3. Have you ever been suspended without pay or given a written reprimand? YES NO

If yes, please explain:

VETERANS' PREFERENCE CLAIM

INSTRUCTIONS: Complete ONLY if you are claiming Veterans' Preference. All applicants claiming Veterans' Preference must complete this form and include all supporting documentation which is to be submitted with each application/resume.

Subsection 1.01 (14) Florida Statute defines the term Veteran as one who has served in the active military and who is discharged under honorable conditions only, or who later received an upgraded discharge under honorable conditions notwithstanding any action by the Department of Veteran's Affairs on individuals discharged or released with other than honorable discharges. To receive benefits as a wartime veteran, a veteran must have served for one day or more during one of the military campaigns cited in Section II.

I. VETERAN'S PREFERENCE REQUEST

_____ Yes _____ No I am claiming Veterans' Preference (If no, skip to signature & date)

_____ Yes _____ No Are you a resident of the State of Florida? (Veterans' Preference is only available to Florida residents.)

If you are claiming Veterans' Preference, a DD214 number 4 copy or comparable document that serves as a certificate of release or discharge must be furnished at the time of application.

II. MILITARY CAMPAIGN CLASSIFICATION

Check appropriate statement as it pertains to you:

_____ World War II (1941 – 1946)

_____ Korean Conflict (6-27-1950 to 1-31-1955)

_____ Vietnam Era (7-1-1958 to 5-7-1975)

_____ Persian Gulf (8-2-1990 to 1-2-1992)

_____ Operation Enduring Freedom (2001 – TBD)

_____ Operation Iraqi Freedom (2003 – TBD)

_____ Afghanistan OEF & OIF (9-11-2001 – present)

III. VETERANS' STATUS CLAIMED

Check the appropriate statement as it applies to you: (Check only ONE)

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense.
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America.
4. The unmarried widow or widower of a veteran who died of a service-connected disability.
5. Any Armed Forces Expeditionary Medal received by a qualified applicant provides qualifying service for Veterans' Preference. The Global War on Terrorism Expeditionary Medal is qualifying for Veterans' Preference provided the individual is otherwise eligible. Veterans' Preference is provided for individuals who have served in a campaign or expedition for which a campaign badge/medal has been awarded.

If active service:

Date of Entry: _____ Date of Discharge: _____

Branch of Service: _____

I hereby certify that the information provided above is true and correct. I understand that falsification of this information is a criminal violation and may subject me to prosecution and possible incarceration and/or fine and will result in dismissal if employed.

Printed Name: _____ **Signature:** _____

Date: _____

Have you claimed Veterans' Preference and entered into covered employment by a covered employer? **Yes** **No**

If "Yes," Name of Employer: _____

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, Mary Grizzle Office Building, 11351 Ulmerton Road, Largo, FL 33778. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date of application is filed with the employer if no notice is given.

JAXPORT complies with State statutes and City ordinances on Veterans' Preference and prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender, national origin, marital status, race or religion.

YOUR NAME

DATE

POSITION APPLIED FOR

EEO REPORTING DATA

*The following information is not required. It is requested only for Equal Employment Opportunity record keeping, reporting, and compliance purposes as specified by Title VII of The Civil Rights Act of 1964 as amended. **This document is not kept with your application nor used during the screening or hiring process.***

SEX: Male Female

RACE: (Check one only.) White Black Hispanic Asian or Pacific Islander American Indian or Alaskan Other