



P.O. Box 190
Columbia City, OR 9718
(503) 397-2888

APPLICATION FORM

Date: _____

Full Name

Day Telephone Number

Address (Applicant must be a resident of the Port District)

Evening Telephone Number

City **State** **Zip Code**

E-Mail Address

Are you 18 years of age or older?

Y N

Please state the reason you wish to serve on the Scappoose Airport Advisory Committee:

Please list any business, volunteer, or governmental experience:

Please list any special skills useful to this position:

Please describe your time availability:

Please describe your vision of the future for the Scappoose Airport:

Please describe how you would contribute to your vision described above:

Please provide any additional material or information pertinent to the Advisory Committee position:

Feel free to attach a resume or other information that might be useful in making our decision.

The Port of Columbia County is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race and color, religion, marital status, national origin, handicap or veteran status.

Interviews are given on a competitive basis, using job-related factors, after a written application has been received and reviewed. Because of the large number of applications that may be received, not everyone who applies for the position will be interviewed.

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation of this application will result in my being eliminated from further consideration.

I authorize the employers, supervisors, and references listed above to give Port of Columbia County representatives any and all information regarding my previous employment and any pertinent information they may have regarding me.

I release the Port of Columbia County and previous employers, supervisors, or references from liability of any damage that may result from furnishing information to the Port of Columbia County.

I agree to a criminal background check.

In consideration of my application, I agree to conform to the instructions, rules and policies of the Port of Columbia County.

Signature

Date