



# EMPLOYMENT APPLICATION

8850 SW State Hwy 3  
Port Orchard, WA 98367

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Title of Position being applied for: \_\_\_\_\_

### PERSONAL INFORMATION:

Date \_\_\_\_\_ Available Start Date \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ SSN: \_\_\_\_\_

Will you accept (check if yes)	Full Time ( )	Part time ( )	Extra-Help/On Call ( )	Shift Work ( )	Weekends ( )	Days or hours unwilling/unable to work
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Do you have friends or relatives employed by the Port of Bremerton? If Yes, please provide their names and relationship to you: \_\_\_\_\_  Yes  No

Have you ever been employed here before? If Yes, give approx. dates \_\_\_\_\_  Yes  No

If hired, do you have a reliable means of transportation to and from work?  Yes  No

If hired, would you be able to travel or work overtime as needed?  Yes  No

Are you able to perform all the essential functions of the job for which you are applying with or without reasonable accommodation?  Yes  No

Have you been convicted of a felony within the last 10 years? If Yes, please explain: \_\_\_\_\_  Yes  No

Do you have a legal right to be employed in the U.S.? (If Yes, proof is required)  Yes  No

Are you of legal age to work?  Yes  No

Do you have a valid driver's license? Exp. Date: \_\_\_\_\_ State of Issue: \_\_\_\_\_  Yes  No

How did you hear about this job opportunity? \_\_\_\_\_

### EDUCATION:

Schools/Colleges Attended	# Years	Year Grad.	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT/WORK EXPERIENCE:** Start with your present or most recent position.

May we contact this employer? Yes No Contact me first

<b>1</b>	Position Title	Employer Name/Location/Phone	Type of Business	Dates Worked (Month and Year) From:
				To:
Primary Duties				Total Years/Months Worked
				# Hours Worked per Week
				Salary
Name and Title of Immediate Supervisor				
Number and Types of Employees You Supervised				
Reason for leaving/considering change				
What value did you add to this company or its customers				

May we contact this employer? Yes No Contact me first

<b>2</b>	Position Title	Employer Name/Location/Phone	Type of Business	Dates Worked (Month and Year) From:
				To:
Primary Duties				Total Years/Months Worked
				# Hours Worked per Week
				Salary
Name and Title of Immediate Supervisor				
Number and Types of Employees You Supervised				
Reason for leaving/considering change				
What value did you add to this company or its customers				

May we contact this employer? Yes No Contact me first

<b>3</b>	Position Title	Employer Name/Location/Phone	Type of Business	Dates Worked (Month and Year) From:
				To:
Primary Duties				Total Years/Months Worked
				# Hours Worked per Week
				Salary
Name and Title of Immediate Supervisor				
Number and Types of Employees You Supervised				
Reason for leaving/considering change				
What value did you add to this company or its customers				

**PERSONAL REFERENCES:** Please provide names, addresses, phone numbers relationship and how long known for 3 personal references:

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
How long: \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
How long: \_\_\_\_\_

**PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION**

1. As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the successful passing of a physical.
2. **I CERTIFY** that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false, misleading or incomplete statements on this application shall be grounds for dismissal.
3. **I AUTHORIZE** the Port of Bremerton (Port) to investigate information concerning my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.
4. **I UNDERSTAND** and agree that my employment and compensation may be terminated at any time without prior notice, with or without cause, at the option of the Port or myself, and understand that no representative of the Port, other than the Chief Executive Officer, has authority to enter into any agreement contrary to the foregoing.
5. **I UNDERSTAND** that all Port property must be returned and any indebtedness to the Port must be paid on or before my last day of work. I authorize the Port to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PORT OF BREMERTON USE ONLY:**

Arrange Interview:  Yes  No Date: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved:  Yes  No Date: \_\_\_\_\_

By: \_\_\_\_\_