



APPLICATION FOR EMPLOYMENT

PORT OF EDMONDS
336 Admiral Way
Edmonds, WA 98020
(425) 774-0549
info@portofedmonds.org

The Port of Edmonds is an equal opportunity employer. It adheres to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, ethnic or national origin, marital or veteran status, citizenship, age, or disability.

Instructions: Type or print in ink. Please answer all questions completely and accurately. If more space is needed, attach additional sheets referring to an applicable section of the application. **You must complete this application even if a resume is attached.**

Position applying for: _____ How did you hear about this position? _____

Name _____ Social Security Number _____
Last First MI

Address _____ Home phone _____
Number Street Apt #

_____ Cell Phone _____
City State Zip Code

Have you ever been employed by the Port of Edmonds? Yes No

Are you related (by blood or marriage) to any current or former employee(s) of the Port of Edmonds? Yes No

If YES, give name and relationship to employee(s) _____

List any other names under which you have worked, applied for work, or attended school:

Employment Desired: Full time only Part time only Full or Part time Temporary Full or Part time

If you are not available to work now, enter the earliest date you could begin work _____

Are you available to work all shifts? Yes No

If NO, what hours are you not available? _____

Are you over the age of 18? Yes No

Do you have a valid driver's license? Yes No

What State? _____ Expiration Date: _____

If offered employment, will you be able to provide proof of identity and authorization to work in the United States? Yes No

EDUCATION

Name of High School	Location		Date of Leaving	Did you Graduate?	
Colleges or Universities Attended and Location	<u>Dates of Attendance</u> From To		Major	Degree Received	Year Awarded
Business, Trade , Technical Schools and other Training	<u>Dates of Attendance</u> From To		Subject Taken	Certificates Received	

If you did not graduate from High School, do you have a G.E.D. equivalent? Yes No

Date received: _____

EMPLOYMENT RECORD

Please read these instructions carefully before beginning. **Complete the entire section in detail.** Give your complete record of your employment, starting with your present or most recent position and working back to your first job. Volunteer work may be counted, but you must list the word "Volunteer" or "Unpaid" in the salary space. Attach additional sheets as necessary if there are not enough blocks to cover your entire work history.

Company	Address		Phone	Your Job Title	
<u>Dates of Employment</u> From To		<u>Salary</u> Starting Ending		Name & Title of Your Immediate Supervisor	May We Contact For Reference?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Position held and Description of Your Duties and Responsibilities					
Number of Employees You Supervised		Machines or Equipment You Operated		Your Reason for Leaving	

Company	Address		Phone	Your Job Title	
<u>Dates of Employment</u> From To		<u>Salary</u> Starting Ending		Name & Title of Your Immediate Supervisor	May We Contact For Reference?
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Position held and Description of Your Duties and Responsibilities					
Number of Employees You Supervised		Machines or Equipment You Operated		Your Reason for Leaving	

Company		Address		Phone	Your Job Title
Dates of Employment From _____ To _____		Salary Starting _____ Ending _____		Name & Title of Your Immediate Supervisor	May We Contact For Reference?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Position held and Description of Your Duties and Responsibilities					
Number of Employees You Supervised		Machines or Equipment You Operated		Your Reason for Leaving	

Company		Address		Phone	Your Job Title
Dates of Employment From _____ To _____		Salary Starting _____ Ending _____		Name & Title of Your Immediate Supervisor	May We Contact For Reference?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Position held and Description of Your Duties and Responsibilities					
Number of Employees You Supervised		Machines or Equipment You Operated		Your Reason for Leaving	

List below the names, address, and telephone numbers of three (3) persons (not relatives or former employers) who have knowledge of your character and qualifications and whom we may contact:

Name	Address	Phone Number

Use this space for any additional remarks, or to complete or enlarge upon information given elsewhere in the application.

CERTIFICATION: (Please read the application and your answers carefully before signing.)

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or mis-statement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Port of Edmonds to thoroughly investigate my references, work records, education, criminal background and other matters related to my suitability for employment and, further authorize my current and former employers to disclose to the Port any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release the Port of Edmonds, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Port of Edmonds is of an "at will" nature, which means that I may resign at any time and the Port of Edmonds may discharge me at any time with or without cause.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date