



CITY OF PORT ORCHARD

APPLICATION FOR EMPLOYMENT

216 PROSPECT STREET ° PORT ORCHARD, WA 98366

(360) 876-7014 FAX (360) 895-9029

EQUAL OPPORTUNITY: The City of Port Orchard, Washington is an equal opportunity employer. We hire, train and promote without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, sexual orientation (including gender identity and gender expression), genetic information or disability or any other category protected by federal, state, or local law or authority. The City of Port Orchard affirmatively seeks to employ qualified veterans and disabled veterans. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement.

INSTRUCTIONS: Print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, include your name, the position title for which you are applying, and the specific section of this application form that you are continuing to an additional page. You may also attach copies of résumés, documents or certificates, which support your application. All materials submitted become the property of the City of Port Orchard and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Failure to follow these instructions, initial this paragraph and sign this application will be cause for rejection of the application. Illegible or incomplete applications may be rejected. Exaggerated, false, or misleading statements may result in rejection of the application and/or termination of employment.

MY INITIALS AT THE END OF THIS SENTENCE IN THE BLANK PROVIDED AFFIRM THAT I HAVE READ AND UNDERSTAND THE FOREGOING INSTRUCTIONS. _____

PERSONAL INFORMATION

LAST NAME	FIRST	M.I.	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN	
COMPLETE MAILING ADDRESS (Street, City, State, Zip)				
RESIDENCE ADDRESS, IF DIFFERENT FROM ABOVE				
e-mail	TELEPHONE NUMBER ()		ALTERNATE NO. WHERE YOU MAY BE REACHED ()	
ARE YOU 18 YEARS OF AGE OR OLDER (21 YEARS OF AGE FOR POLICE APPLICANTS)?			YES	NO
IF EMPLOYMENT, CAN YOU PROVIDE PROOF OF A LEGAL RIGHT TO WORK IN THE UNITED STATES?			YES	NO
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT OR A VOLUNTEER POSITION WITH THE CITY OF PORT ORCHARD?			YES	NO
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF PORT ORCHARD? IF YES, COMPLETE THE FOLLOWING INFORMATION:			YES	NO
JOB TITLE/DEPARTMENT		DATES: FROM	TO	
LIST ANY RELATIVES WHO ARE EMPLOYED OR VOLUNTEER FOR THE CITY OF PORT ORCHARD.				
NAME		JOB TITLE/DEPARTMENT		

DRIVER'S LICENSE: If the position for which you are applying will require you to operate a vehicle: (1) You must possess a valid driver's license. (2) Any special endorsements must be current and valid. (3) If you are offered employment by the City of Port Orchard, and if your driver's license is from another state, you will be required as a condition of your employment status to obtain a valid Washington State Driver's License before you can begin work.

DO YOU AUTHORIZE THE CITY OF PORT ORCHARD TO INVESTIGATE YOUR DRIVING RECORD? IF YES, THE CITY, MAY, AT ITS DISCRETION, OBTAIN AN ABSTRACT OF YOUR DRIVING RECORD FROM THE APPLICABLE DEPARTMENT OF DRIVERS LICENSING.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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EMPLOYMENT DESIRED

POSITION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING:		
HOW DID YOU LEARN ABOUT THE POSITION FOR WHICH YOU ARE APPLYING?		
DO YOU WISH TO WORK	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER <input type="checkbox"/>
IF PART TIME, SPECIFY DAYS & HRS. PER WEEK		
WHAT IS YOUR MINIMUM SALARY REQUIREMENT? \$	PER	DATE AVAILBLE FOR WORK:
DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? SPECIFY COMMITMENTS	YES <input type="checkbox"/>	NO <input type="checkbox"/>

EDUCATION: Educational qualifications are subject to verification. If an offer of employment is made, you may be asked to provide dates of attendance to facilitate verification.

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WHAT POST SECONDARY DEGREE(S) DO YOU HOLD?		
MAJOR/MINOR DEGREE, FIELD OR PROGRAM OF STUDY		
NAME AND LOCATION OF COLLEGES OR UNIVERSITIES ATTENDED		

MILITARY SERVICE

DATES OF U.S. MILITARY SERVICE	BRANCH OF SERVICE
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FROM		TO			VETERAN'S POINTS CLAIMED <input type="checkbox"/> 5 <input type="checkbox"/> 10
MO.	YR.	MO.	YR.		
				(Civil Service Positions ONLY) IF YOU ARE CLAIMING PREFERENCE AS A VETERAN OR DISABLED VETERAN, YOU MUST ATTACH A COPY OF YOUR DD-214 FORM AND/OR YOUR V.A. DISABILITY LETTER AND CLAIM NUMBER	

LIST ANY SPECIALIZED TRAINING RECEIVED IN THE UNITED STATES MILITARY THAT IS APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING.
OPTIONAL: LIST ANY OTHER EDUCATION, TRAINING, OR WORK EXPERIENCE IN THE ARMED FORCES OF THE UNITED STATES THAT RELATES TO THE POSITION FOR WHICH YOU ARE APPLYING.

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER REGARDING YOUR RECORD OF EMPLOYMENT?						
(JOB 1) PRESENT OR MOST RECENT JOB				COMPANY NAME		
FROM		TO		TOTAL TIME		ADDRESS
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER
						YOUR JOB TITLE
HOURS PER WEEK				SUPERVISOR'S NAME & TITLE		
STARTING SALARY \$				PER		REASON FOR LEAVING POSITION
LAST SALARY \$				PER		
SPECIFIC DUTIES						

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)						
(JOB 2) PREVIOUS JOB				COMPANY NAME		

FROM		TO		TOTAL TIME		ADDRESS
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER
						YOUR JOB TITLE
HOURS PER WEEK						SUPERVISOR'S NAME & TITLE
STARTING SALARY \$ PER						REASON FOR LEAVING POSITION
LAST SALARY \$ PER						
SPECIFIC DUTIES						

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)						

(JOB 3) PREVIOUS JOB						COMPANY NAME
FROM		TO		TOTAL TIME		ADDRESS
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER
						YOUR JOB TITLE
HOURS PER WEEK						SUPERVISOR'S NAME & TITLE
STARTING SALARY \$ PER						REASON FOR LEAVING POSITION
LAST SALARY \$ PER						
SPECIFIC DUTIES						

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)						

(JOB 4) PREVIOUS JOB						COMPANY NAME
FROM		TO		TOTAL TIME		ADDRESS
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER
						YOUR JOB TITLE
HOURS PER WEEK						SUPERVISOR'S NAME & TITLE
STARTING SALARY \$ PER						REASON FOR LEAVING POSITION
LAST SALARY \$ PER						
SPECIFIC DUTIES						

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)						

MISCELLANEOUS INFORMATION

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PHYSICAL EXAMINATION IF REQUIRED AS A BONA FIDE OCCUPATIONAL JOB QUALIFICATION?	YES	NO
IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT DRUG SCREENING TEST IF REQUIRED AS A BONA FIDE OCCUPATIONAL QUALIFICATION AND BY PUBLIC SAFETY INTERESTS? THE CITY OF PORT ORCHARD IS A DRUG FREE WORKPLACE. THE CITY PROHIBITS THE USE OF DRUGS MADE ILLEGAL AS A MATTER OF FEDERAL, STATE, OR LOCAL LAW, INCLUDING MARIJUANA.	YES	NO
CAN YOU PERFORM THE BONA FIDE OCCUPATIONAL QUALIFICATIONS OF THE POSITION YOU HAVE APPLIED FOR (WITH OR WITHOUT ACCOMMODATION)?	YES	NO

PROFESSIONAL REFERENCES: List three professional or business references who are not your relatives or employees of the City of Port Orchard. State the nature of your business relationship (i.e., co-worker, supervisor, associate)

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

PERSONAL REFERENCES: List three personal references who are not your relatives or employees of the City of Port Orchard. State the nature of your relationship (i.e., friend, landlord, etc.)

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

IMPORTANT: READ EACH SECTION BELOW CAREFULLY AND COMPLETELY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE STATEMENTS BELOW, ASK FOR CLARIFICATION. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND EACH OF THE PROVISIONS LISTED AND THAT YOU AGREE TO ABIDE BY THE CONDITIONS STATED THEREIN.

NOTICE TO PERSONS WITH DISABILITIES: APPLICANTS THAT REQUIRE A REASONABLE ACCOMODATION TO COMPLETE THIS APPLICATION, TESTING, OR THE INTERVIEW PROCESS, SHOULD CONTACT THE CITY'S HUMAN RESOURCE COORDINATOR AT 360-876-7014 AND ADVISE AS TO WHAT ACCOMODATION IS NEEDED. THE CITY WILL THEN WORK WITH THE APPLICANT TO PROVIDE AN APPROPRIATE REASONABLE ACCOMODATION, IF APPLICABLE.

HOW TO APPLY: APPLICATIONS FOR EMPLOYMENT SHOULD BE SUBMITTED ON OFFICIAL APPLICATION FORMS TO THE CITY OF PORT ORCHARD HUMAN RESOURCE COORDINATOR AT THE ADDRESS SHOWN ON PAGE 1 OF THIS APPLICATION FORM. SUBMIT ONE APPLICATION FOR EACH POSITION. IT IS YOUR RESPONSIBILITY TO KEEP YOUR APPLICATION UP TO DATE. AN APPLICATION WILL BE REJECTED WHICH IS RECEIVED UNSIGNED OR INCOMPLETE.

EXAMINATION PROCEDURE: YOU WILL BE NOTIFIED REGARDING ANY TESTING PROCEDURES WHICH MAY BE INVOLVED IN THE HIRING PROCESS. ANY PART OF THE ANNOUNCED EXAMINATION MAY BE ELIMINATED IF THERE IS AN INSUFFICIENT NUMBER OF APPLICANTS TO JUSTIFY GIVING THE COMPLETE EXAMINATION.

PRE-ACCEPTANCE MEDICAL EXAMINATION: APPLICANTS WHO RECEIVE A CONDITIONAL OFFER OF EMPLOYMENT MAY BE REQUIRED TO PASS A MEDICAL EXAMINATION GIVEN BY A PHYSICIAN DESIGNATED BY THE CITY OF PORT ORCHARD, IF REQUIRED BY A BONA FIDE OCCUPATION QUALIFICATION AND BUSINESS NECESSITY.

PROBATIONARY PERIOD: EMPLOYEES SERVE A PROBATIONARY PERIOD AS DETERMINED BY THE CITY POLICY OR BY ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT. TERMINATION OF EMPLOYMENT DURING THE PROBATIONARY PERIOD MAY BE WITH OR WITHOUT CAUSE AT ANY TIME AND IS NOT SUBJECT TO ANY APPEAL PROCESS NOR THE GRIEVENCE PROCEDURE OF ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

DRUG POLICY: IT IS THE POLICY OF THE CITY OF PORT ORCHARD TO MAINTAIN A DRUG FREE WORKPLACE. EMPLOYEES AND/OR VOLUNTEERS WHO ARE IN POSSESSION OF OR USING CONTROLLED SUBSTANCES (DRUGS) WILL BE TERMINATED AND MAY HAVE CRIMINAL ACTIONS FILED AGAINST THEM. EMPLOYEES AND VOLUNTEERS IN CERTAIN POSITIONS ARE SUBJECT TO FEDERAL LAWS REQUIRING PRE-EMPLOYMENT, POST-ACCIDENT, AND RANDOM DRUG TESTING.

AGREEMENT: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION ON THIS APPLICATION MAY RESULT IN DENIAL OF EMPLOYMENT STATUS. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE THE CITY OF PORT ORCHARD ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION, INCLUDING MY EMPLOYMENT OR ACADEMIC HISTORY, QUALIFICATIONS, AND ABILITIES. I AUTHORIZE THE CITY OF PORT ORCHARD TO REQUEST AND RECEIVE SUCH INFORMATION, INCLUDING THE RECEIPT OF MY ACTUAL RECORDS OR OTHER DOCUMENTS.

I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON THAT IS NOT VIOLATIVE OF LAW, AT THE DISCRETION OF EITHER THE CITY OF PORT ORCHARD OR MYSELF. I UNDERSTAND THAT NO CITY OFFICIAL OTHER THAN THE

MAYOR OR HIS/HER DESIGNEE HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCE OR PROMISE OF CONTINUED EMPLOYMENT STATUS.

I AGREE TO COMPLY WITH THE CITY OF PORT ORCHARD RULES, REGULATIONS AND POLICIES, AND ACKNOWLEDGE THAT THESE RULES, REGULATIONS AND POLICIES MAY BE UNILATERALLY CHANGED, MODIFIED, INTERPRETED, WITHDRAWN, OR SUPPLEMENTED ANY TIME, AND WITHOUT PRIOR NOTICE TO ME.

I UNDERSTAND THAT THIS APPLICATION AND ANY OTHER DOCUMENTS WHICH I MAY RECEIVE ARE NOT CONTRACTS OF EMPLOYMENT AND SHOULD NOT BE CONSTRUED AS SUCH.

RELEASE: I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY, ACADEMIC INSTITUTION, OR OTHER ENTITY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, KNOWN OR UNKOWN, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY, ACADEMIC INSTITUTION, OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY RESPOND TO THE INVESTIGATION, INQUIRY OR INTERESTS OF THE CITY OF PORT ORCHARD, TO WHOM I HAVE MADE AN APPLICATION FOR EMPLOYMENT, AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE _____

DATE _____