



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:
Name: Last First MI Social Security Number:
Address: Number Street Apt # Home Telephone:
City State Zip Code Cell phone:

Please answer the following questions. If a question has a "Yes" or "No" answer, please place an X in the correct box.

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 (mm/dd/yy):

If applying for temporary work, how long are you available to work? (mm/dd/yy)

Are you available to work all shifts? Yes No
If no, what hours are you not available?

Are you over age 18? Yes No

Do you have a valid driver's license? Yes No
What state?
Expiration date:
Class:

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

If you did not graduate from high school do you have a G.E.D. equivalent? Yes No
Date received:
Is G.E.D. Military or Civilian (circle one)

Have you ever been discharged or asked to resign from any position? Yes No
If yes, give details:

Have you ever served on active duty with U.S. Armed Forces? Yes No
If yes, what branch?
Date entered active duty:
Date discharged or separated:
Final rank:

EMPLOYMENT RECORD

Name of Employing Agency Company, or Institution: _____ Address: _____ Phone No: _____	From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ If part-time or volunteer-number or hours/wk _____
Name and title of your Immediate Supervisor: _____ Your Job Title: _____	Beginning Salary \$ _____ Ending Salary \$ _____ Number of employees you supervised ____ Machines or equipment you operated: _____ _____
Description of your Duties and responsibilities: _____ _____	Your reason for leaving: _____ _____
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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Have you ever been convicted of an offense against the law other than a minor traffic violation? Yes No

If yes, explain fully. _____

List below the names and address 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: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

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