

## PORT OF FRIDAY HARBOR APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION				
Last Name	First	M.I.	Date	
Street Address			Home Phone	
City, State, Zip			Business Phone	
E-mail Contact			Cell Phone	
Have you ever applied for employment with us? Yes No If Yes, Month & Year Location:			Pay Expected	
Are you legally eligible for employment in the United States? Yes No If no, state reason:			When will you be available to begin work?	
Any special training or skills (language, machine operation, etc.)				
How did you hear of the Port of Friday Harbor?				
Do you have any relations working for the Port of Friday Harbor? If yes, name and location				
Are you acquainted with other Port Employees? If yes, please identify. Yes No Names: Locations:				
EDUCATION				
SCHOOL	NAME and LOCATION	COURSE OF STUDY	YEARS COMPLETED	DEGREE OR DIPLOMA
COLLEGE				
COLLEGE				
VOCATIONAL				
HIGH SCHOOL				
OTHER				

## EMPLOYMENT HISTORY

<b>EMPLOYMENT HISTORY</b>	
1. Employer's Name	Telephone
Address Street	Employed (Month & Year) From            To
Address City / State / Zip Code	
Name of Supervisor	Monthly Pay Start            Last
Job Title and Description of Work	Reason for leaving -
2. Employer's Name	
Address Street	Telephone
Address Street	Employed (Month & Year) From            To
Address City / State / Zip Code	
Name of Supervisor	Monthly Pay Start            Last
Job Title and Description of Work	Reason for leaving -
3. Employer's Name	
Address Street	Telephone
Address Street	Employed (Month & Year) From            To
Address City / State / Zip Code	
Name of Supervisor	Monthly Pay Start            Last
Job Title and Description of Work	Reason for leaving -
4. Employer's Name	
Address Street	Telephone
Address Street	Employed (Month & Year) From            To
Address City / State / Zip Code	
Name of Supervisor	Monthly Pay Start            Last
Job Title and Description of Work	Reason for leaving -

In evaluating your application we may contact the employers listed above unless you list below those you do not want us to contact and state a reason.

Do NOT contact Employer Number \_\_\_\_\_ Reason: \_\_\_\_\_

Membership in Professional/Civic Organizations or Military Experience Exclude those that may disclose your race, color, religion, sexual orientation, or national origin

**PERSONAL REFERENCES**

Name	Relationship	Telephone
Name	Relationship	Telephone
Name	Relationship	Telephone

**PROFESSIONAL REFERENCES**

Name/Company	Relationship	Telephone
Name/Company	Relationship	Telephone
Name/Company	Relationship	Telephone

**AUTHORIZATION TO RELEASE INFORMATION**

Print Name of Applicant	Date
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I authorize any person, corporation, company, agency, or other entity, whose name and address I provided in my application, to release information to the Port to Friday Harbor

**AUTHORIZATION**

I, above named applicant, the below signed, do hereby authorize the receiving person, corporation, company or other entity to FULLY AND COMPLETELY DISCLOSE any and all facts regarding my employment, character, work habits, skills or other employment-related information requested by the Port of Friday Harbor, or their agents, who bears this authorization and to whom I have provided your name and address as a reference.

**RELEASE**

In consideration for assisting me in my application for employment, I, the above applicant, the below signed, hereby RELEASE AND HOLD HARMLESS the reference recipient person, corporation, company or other entity receiving this release from any and all possible damages, direct or consequential, immediate or remote, of all forms or types, that I may sustain or allege to sustain by virtue of the recipient person, corporation, company or other entity from complying with my request to fully and completely comply with the investigation, inquiry or interests of the employer to whom I have made an Application of Employment and is the bearer of the Authorization. I have given my consent to reproduce this Release and such copy shall be considered to be the original for all purposes whether such copy is by photo reproduction or an electronically transmitted facsimile.

Applicant's signature

**Any misrepresentation or omission made by me on this form, or any supplement, will be sufficient grounds for immediate termination.**

Have you ever been convicted of a crime? (An affirmative answer will not automatically disqualify you from being considered for employment.) Yes No If yes, list below:

Name of Court	City and State	Date of Conviction

Details:

#### **DRUG POLICY**

It is the policy of the Port of Friday Harbor to maintain a drug free workplace. Employees who are observed in possession or using controlled substances (drugs) will be terminated and may have criminal actions filed against them. If you are affected by, or become an abuser of drugs or alcohol, you may ask for help from your supervisor

#### **EQUAL OPPORTUNITY**

**The Port of Friday Harbor is an Equal Opportunity Employer and Prohibits Discrimination and Harassment of Any Kind:** The Port of Friday Harbor is committed to the principle of equal employment opportunity for all employees and to providing employees with a work environment free of discrimination and harassment. All employment decisions at The Port of Friday Harbor are based on business needs, job requirements and individual qualifications, without regard to race, color, religion or belief, national, social or ethnic origin, sex (including pregnancy), age, physical, mental or sensory disability, HIV Status, sexual orientation, gender identity and/or expression, marital, civil union or domestic partnership status, past or present military service, family medical history or genetic information, family or parental status, or any other status protected by Washington state or federal law.

#### **NO CONTRACT**

I understand that if employed, I am employed AT WILL and that no contract between myself and the Port of Friday Harbor is created by my completion of this application, my receiving employment, my continued employment, or my receiving an offer of employment. No promises of any form or nature have been made to me, no guarantee of any length of employment is, or shall be, binding on the Port of Friday Harbor, unless in writing. I reserve the right to terminate my employment at any time. I agree to physical or other testing when such testing is reasonably necessary in determining job related abilities or a reasonable expectation of successfully performing the job to the employer's standards. I agree to abide by the Port of Friday Harbor rules and policies including the prohibition against any form of sexual or other unlawful harassment of another employee or citizen. I agree to participate in employer sponsored benefit programs. My signature certifies that I have read this application in detail and am in complete agreement with the contents.

#### **SIGNATURE AND ACKNOWLEDGEMENT**

I, the below signed, make this application as an inducement to this employer to employ applicant. I have read this completed application, including Equal Opportunity Statement and I certify that entries made by me are without omission, are a full, truthful account of my present and past activities. I authorize and give the right to the Port of Friday Harbor to make a thorough, vigorous investigation of all entries made on this form by me and other materials I have provided. By my signature I release any and all parties from any and all liability for any and all statements, writings, conversations, or communications of any form, with the Port of Friday Harbor regarding any entry on this application and other material I have provided. Any false or misleading statement or entry on this form and other material I have provided is cause for my immediate termination, if I am employed.

In considering this application for employment, we may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment or (4) making other employment-related decisions directly affecting you. You hereby acknowledge Receipt of "A Summary of Your Rights Under the Fair Credit Reporting Act", attached hereto.

**AUTHORIZATION**

By your signature below, you hereby authorize the Port of Friday Harbor to obtain a consumer report and/or an investigative report about you in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

Date

Signature