



Port of Friday Harbor Employment Application

Position(s) Applied for: _____ Date of Application: _____

How did you learn about us?

Advertisement Relative Inquiry Friend Other: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Personal Email Address: _____

Are you over the age of 18? Yes No

Are you a U.S. Citizen or do you have a Visa or work card which permits you to work in the U.S.?
Yes No

Are you able to work: Full Time Part Time Seasonal

If you are not available to work now, what is the earliest day you could begin work? _____

Are you able to work all shifts? Yes No

If No, what hours are you not available? _____

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

Which State? _____ License Number: _____ Expiration Date: _____

EDUCATION

High School	Location		Did you Graduate?		
			Yes	No	
Colleges or Universities Attended and Location	Dates of Attendance From	To	Major	Degrees Received	Year Awarded
Business, Trade, Technical Schools, and other Training	Dates of Attendance From	To	Subject Taken	Certificates 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 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	
Dates of Employment From	To	Name of Your Immediate Supervisor	Title of Your Immediate Supervisor	May We Contact For Reference?	
				Yes	No
Description of Your Duties and Responsibilities					
What Did You Enjoy Most About This Position?			Machines or Equipment You Operated	Your Reason for Leaving	

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Description of Your Duties and Responsibilities				
What Did You Enjoy Most About This Position?		Machines or Equipment You Operated	Your Reason for Leaving	

REFERENCES

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.

AUTHORIZATION TO RELEASE INFORMATION

Print Name of Applicant: _____ **Date:** _____

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 expression1 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 t1bilities 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 certified 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.

Signature of Applicant: _____ Date: _____