

# APPLICATION FOR EMPLOYMENT

This generic application is provided by WorkSource Washington. This form complies with federal and state laws against discrimination; however, employers using this form should check local ordinances. WorkSource Washington and Washington State Employment Security are not responsible for the misuse of information provided on this form. Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

## GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone ( ) -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## POSITION

Position Or Type Of Employment Desired	<b>Will Accept:</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<b>Shift:</b> <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed?  Yes  No  
If no, list the highest grade completed

**College, Business School, Military (Most recent first)**

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

## VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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## SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
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Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Interviewer's Comments:


## CONSENT TO RELEASE INFORMATION AND RELEASE FROM LIABILITY

### TO WHOM IT MAY CONCERN:

I am an applicant for a position with the PDSWI (Port District of South Whidbey Island). The Port needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. I have authorized PDSWI to gather all available information regarding my employment background and personal history and other information which may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish PDSWI any and all information that you have concerning me, including without limitation my work record, my background and reputation, my criminal history; including any arrest records and any information contained in investigative files, and any other personal records, including medical, psychological, military service or financial matters. Information of a confidential or privileged nature may be included in the materials you provide to PDSWI. I further specifically consent to the Washington Department of Revenue's release of any tax returns, as defined by RCW, filed by, on behalf of; or with respect to me, and any tax information, as defined by RCW, that pertains to me. I request your cooperation in supplying this information to PDSWI in response to a request from that office.

I hereby agree to release you and those who supplied you with the above information, your company or organization, and the Port District of South Whidbey Island, its Directors, employees and or agents, from any liability for any damage with may result from furnishing the requested information.

I understand my rights under Title 5, United States code, Section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the PDSWI in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to PDSWI.

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Applicant's Signature	date	Driver's License # (please include COPY!)
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Applicant's printed first name	middle initial	last name
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Current Address (include mailing if different)

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Previous Address and Dates of Residence

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Aliases (include previous married names, maiden name)

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Have you been convicted of any crimes in the past 10 years? If so, what?