



338 West 1<sup>st</sup> Street  
PO Box 1350  
Port Angeles, WA 98362

### APPLICATION FOR EMPLOYMENT

*We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.*

**(PLEASE PRINT)**

Position(s) Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you learn about us?

Advertisement     Relative     Inquiry     Employment Agency     Friend     Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Personal Email Address: \_\_\_\_\_

Are you under 18 years of age?  Yes  No

List Prior Names Known By: \_\_\_\_\_

Are you able to work:  Full Time  Part Time  Temporary

Have you previously been employed by the Port of Port Angeles?  Yes  No

Do any of your friends or relatives work for the Port of Port Angeles?  Yes  No

Are you currently employed?  Yes  No    May we contact your current employer?  Yes  No

Date available to work: \_\_\_\_\_ Desired salary range: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
(Proof of citizenship or immigration status will be required upon employment).  Yes  No

Have you been convicted of a crime (other than a minor traffic infraction) or served time in prison within the last 10 years?  
 Yes  No A conviction of a crime will not necessarily bar a person from employment. Each case will be considered separately.  
Are you currently awaiting criminal prosecution for a misdemeanor or a felony?  Yes  No If you answered "Yes" to either of the questions above, please provide the details in the space below and include date, charge, place and action taken.

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## EDUCATION

Circle the highest grade completed: 8 9 10 11 12 Some College AA/AS Bachelors Masters PhD  
 High School Graduate or GED?  Yes  No

Name of high school, college or vocational school & location	Academic Major, Skill or Trade	Number of Years Attended	Degree Earned

## SKILLS & LICENSES

Describe any training, licenses, skills and civic, professional, trade, business or extra-curricular activities relative to this position:

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## WORK HISTORY

*Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

Dates of Employment (Month/Year) From: _____ To: _____	Title of Position:
Salary: Starting \$ _____ Per _____ Ending \$ _____ Per _____	Employer Name, Address & Phone Number:
Name and Title of Immediate Supervisor:	Reason for leaving:
Description of Work Performed:  <hr/> <hr/> <hr/>	

**WORK HISTORY CONTINUED...**

Dates of Employment (Month/Year) From: _____ To: _____	Title of Position:
Salary: Starting \$ _____ Per _____ Ending \$ _____ Per _____	Employer Name, Address & Phone Number:
Name and Title of Immediate Supervisor:	Reason for leaving:
Description of Work Performed: _____ _____ _____	

Dates of Employment (Month/Year) From: _____ To: _____	Title of Position:
Salary: Starting \$ _____ Per _____ Ending \$ _____ Per _____	Employer Name, Address & Phone Number:
Name and Title of Immediate Supervisor:	Reason for leaving:
Description of Work Performed: _____ _____ _____	

Dates of Employment (Month/Year) From: _____ To: _____	Title of Position:
Salary: Starting \$ _____ Per _____ Ending \$ _____ Per _____	Employer Name, Address and Phone Number:
Name and Title of Immediate Supervisor:	Reason for leaving:
Description of Work Performed: _____ _____ _____	

**REFERENCES** (Please list at least two professional references)

1.	Name of Reference: _____	Relationship: _____
	Address: _____	
	Current Phone Number: _____	
2.	Name of Reference: _____	Relationship: _____
	Address: _____	
	Current Phone Number: _____	
3.	Name of Reference: _____	Relationship: _____
	Address: _____	
	Current Phone Number: _____	

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorized investigation of all statements contained in this application for employment as may be necessary at arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Port of Port Angeles is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive in the Port of Port Angeles.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Port of Port Angeles.

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

## VOLUNTARY SELF IDENTIFICATION QUESTIONNAIRE

### OPTIONAL INFORMATION FOR GOVERNMENT MONITORING AND REPORTING PURPOSES ONLY

Regulations of the Washington State Human Rights Commission impose restrictions on the handling of optional ethnic data for governmental monitoring purposes. WAC 162-12-160 (2) provides in part: Data on race, creed, color, national origin, sex or marital status shall not be recorded on any paper which is kept in the applicant's personnel files, nor shall such data be kept in any other place where it is available to those who process the application. Records which identify the race etc. of a particular person shall be kept confidential, except to the extent necessary to permit the compilation of statistics, and to permit verification of the statistics by top management of the employer, or by the Washington State Human Rights Commission or other concerned governmental agencies. WAC 162-12-170 provides in part, that a form asking for ethnic data must clearly inform the applicant of the reasons asking for this information. This employer is considered a Government Contractor, subject to E.O. 11246, as amended, Section 503 of the Rehabilitation Act of 1973 and 38 USC 2012, the Viet Nam Era Veterans Readjustment Assistance Act of 1974. To meet government reporting regulations, applicants are requested to complete this data sheet. This information will be used solely for government reporting purposes. It will not be used as selection criteria and will be treated as personal and confidential and will be kept in a separate file. Your voluntary cooperation will be appreciated. You are under no obligation to complete this form. However, should you choose not to provide the information, the interviewer is required by law to provide this data by visual observation of the applicant.

Dear Prospective Employee:

This institution is an Equal Opportunity Employer. We ask your cooperation with our Affirmative Action Program. We are required by federal law to maintain statistics on the ethnic background, veteran status, age, sex and handicaps of applicants for employment. We would appreciate your cooperation by voluntarily providing this information. Please be specific.

As stated in the above excerpt, you are under no obligation to complete this Affirmative Action Section. This institution strongly endorses self-identification of race and ethnic categories, as opposed to visual identification by employers. However, should you choose not to provide the information, the interviewer is required by law to provide this data by visual observation of the applicant.

Position Applied for: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Ethnic Background: (Please Check One)

\_\_\_\_\_ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

\_\_\_\_\_ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

\_\_\_\_\_ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

If you are a handicapped individual, a disabled veteran, or a Vietnam era veteran and would like to be considered under our affirmative action program, please provide the following information.

\_\_\_\_\_ **Qualified Handicapped Individual:** 1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, or 2) has a record of such impairment or 3) is regarded as having such impairment, and 4) is capable (qualified) of performing a particular job with reasonable accommodation to his/her handicap.

\_\_\_\_\_ **Qualified Disabled Veteran:** 1) a person entitled to disability compensation under laws administered by the Veteran Administration for disability rated at 30% or more, or 2) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and 3) is capable (qualified) of performing a particular job with reasonable accommodation to his/ her disability.

\_\_\_\_\_ **Vietnam Veteran:** A person who 1) actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was released with other than a dishonorable discharge, or 2) was released from such active duty for a service-connected disability.

What special skills or methods enable you to perform jobs that would otherwise be excluded by your handicap (disability)? What accommodations on the part of the employer would enable you to perform the job? (Use reverse side if additional space is required.)