

*Civil Service Commission*

**CITY OF PORT ORCHARD**

216 PROSPECT ° PORT ORCHARD, WA 98366

**Application For Employment**

(360) 876-4407 FAX (360) 895-9029

**EQUAL OPPORTUNITY:** The City of Port Orchard, Washington is an equal opportunity employer. We hire, train and promote without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, sexual orientation or handicap. The City of Port Orchard affirmatively seeks to employ and advance qualified Vietnam veterans and disabled veterans. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement.

**INSTRUCTIONS:** Print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, include your name, the position title for which you are applying, and the specific section of this application form that you are continuing to an additional page. You may also attach copies of résumés, documents or certificates, which support your application. All materials submitted become the property of the City of Port Orchard and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Failure to follow these instructions, initial this paragraph and sign this application will be cause for rejection of the application. Illegible or incomplete applications may be rejected. Exaggerated, false, or misleading statements will be cause for rejection of the application and/or termination of employment. My initials at the end of this sentence affirm that I have read and understand these instructions. \_\_\_\_\_

**PERSONAL INFORMATION**

LAST NAME	FIRST	M.I.	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN		
COMPLETE MAILING ADDRESS					
RESIDENCE ADDRESS, IF DIFFERENT FROM ABOVE					
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER ( ) ( )	ALTERNATE NO. WHERE YOU MAY BE REACHED ( ) ( )			
ARE YOU 18 YEARS OF AGE OR OLDER (21 YEARS OF AGE FOR POLICE APPLICANTS)?				YES	NO
DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? IF OFFERED EMPLOYMENT YOU WILL BE REQUIRED TO PRESENT EVIDENCE OF YOUR RIGHT TO WORK.				YES	NO
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE CITY OF PORT ORCHARD?				YES	NO
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF PORT ORCHARD? IF YES, COMPLETE THE FOLLOWING INFORMATION:				YES	NO
JOB TITLE/DEPARTMENT		DATES: FROM		TO	
LIST ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WHO ARE EMPLOYED BY THE CITY OF PORT ORCHARD.					
NAME			JOB TITLE/DEPARTMENT		

**DRIVER S'LICENSE:** If the position for which you are applying will require you to operate a vehicle: (1) You must possess a valid driver's license. (2) Any special endorsements must be current and valid. (3) If you are offered employment by the City of Port Orchard, and if your driver's license is from another state you will be required as a condition of employment to obtain a valid Washington State Driver's License before you can begin work.

NUMBER	STATE	EXPIRATION DATE	CLASSIFICATION		
DO YOU AUTHORIZE THE CITY OF PORT ORCHARD TO INVESTIGATE YOUR DRIVING RECORD? IF YES, THE CITY MAY, AT ITS DISCRETION, OBTAIN AN ABSTRACT OF YOUR DRIVING RECORD FROM THE APPLICABLE DEPARTMENT OF DRIVERS LICENSING.				YES	NO

**EMPLOYMENT DESIRED**

POSITION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING:				
HOW DID YOU LEARN ABOUT THE POSITION FOR WHICH YOU ARE APPLYING?				
DO YOU WISH TO WORK:	FULL TIME	PART TIME	TEMPORARY	SUMMER
IF PART TIME, SPECIFY DAYS & HRS. PER WEEK				

WHAT IS YOUR MINIMUM SALARY REQUIREMENT? \$	PER	DATE AVAILABLE FOR WORK:
DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? SPECIFY COMMITMENTS		YES    NO

**EDUCATION:** Educational qualifications are subject to verification. If an offer of employment is made, you may be asked to provide dates of attendance to facilitate verification.

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT?	YES	NO
WHAT POST SECONDARY DEGREE(S) DO YOU HOLD?		
MAJOR/MINOR DEGREE, FIELD OR PROGRAM OF STUDY		
NAME AND LOCATION OF COLLEGES OR UNIVERSITIES ATTENDED		

**MILITARY SERVICE**

DATES OF U.S. MILITARY SERVICE	BRANCH OF SERVICE	RANK AT SEPARATION												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">FROM</th> <th colspan="2">TO</th> </tr> <tr> <th>MO.</th> <th>YR.</th> <th>MO.</th> <th>YR.</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	FROM		TO		MO.	YR.	MO.	YR.					<b>(Civil Service Positions ONLY)</b> IF YOU ARE CLAIMING PREFERENCE AS A VETERAN OR DISABLED VETERAN, YOU MUST ATTACH A COPY OF YOUR DD-214 FORM AND/OR YOUR V.A. DISABILITY LETTER AND CLAIM NUMBER	VETERAN'S POINTS CLAIMED (CIRCLE 1)  <div style="text-align: center;">5    10</div>
FROM		TO												
MO.	YR.	MO.	YR.											
LIST ANY SPECIALIZED TRAINING RECEIVED IN THE MILITARY														
OPTIONAL: LIST ANY MEDALS, COMMENDATIONS, OR AWARDS RECEIVED IN THE MILITARY														

**EMPLOYMENT HISTORY**

MAY WE CONTACT YOUR PRESENT EMPLOYER REGARDING YOUR RECORD OF EMPLOYMENT?						
<b>(JOB 1) PRESENT OR MOST RECENT JOB</b>				COMPANY NAME		
FROM		TO		TOTAL TIME		ADDRESS
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER
						YOUR JOB TITLE
HOURS PER WEEK				SUPERVISOR'S NAME & TITLE		
STARTING SALARY \$				PER		REASON FOR LEAVING POSITION
LAST SALARY \$				PER		
SPECIFIC DUTIES						
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)						
<b>(JOB 2) PREVIOUS JOB</b>				COMPANY NAME		
FROM		TO		TOTAL TIME		ADDRESS
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER
						YOUR JOB TITLE
HOURS PER WEEK				SUPERVISOR'S NAME & TITLE		
STARTING SALARY \$				PER		REASON FOR LEAVING POSITION
LAST SALARY \$				PER		
SPECIFIC DUTIES						
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)						

<b>(JOB 3) PREVIOUS JOB</b>						COMPANY NAME
FROM		TO		TOTAL TIME		ADDRESS
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER
						YOUR JOB TITLE
HOURS PER WEEK						SUPERVISOR'S NAME & TITLE
STARTING SALARY \$ PER						REASON FOR LEAVING POSITION
LAST SALARY \$ PER						
SPECIFIC DUTIES						
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)						
<b>(JOB 4) PREVIOUS JOB</b>						COMPANY NAME
FROM		TO		TOTAL TIME		ADDRESS
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER
						YOUR JOB TITLE
HOURS PER WEEK						SUPERVISOR'S NAME & TITLE
STARTING SALARY \$ PER						REASON FOR LEAVING POSITION
LAST SALARY \$ PER						
SPECIFIC DUTIES						
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)						

**MISCELLANEOUS INFORMATION**

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PHYSICAL EXAMINATION?	YES	NO
IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT DRUG SCREENING TEST?	YES	NO
CAN YOU PERFORM THE BONA FIDE OCCUPATIONAL QUALIFICATIONS OF THE JOB YOU HAVE APPLIED FOR (WITH OR WITHOUT ACCOMMODATION)?	YES	NO
WITHIN THE LAST SEVEN YEARS, HAVE YOU BEEN CONVICTED OF OR ARE YOU PRESENTLY CHARGED WITH A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS) A "YES" REPLY DOES NOT AUTOMATICALLY DISQUALIFY YOU.	YES	NO
<b>FOR POLICE APPLICANTS ONLY:</b> HAVE YOU EVER BEEN CONVICTED OF OR ARE YOU PRESENTLY CHARGED WITH A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS) ?	YES	NO

**PROFESSIONAL REFERENCES:** List three professional or business references who are not your relatives or employees of the City of Port Orchard. State the nature of your business relationship (i.e., co-worker, supervisor, associate)

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

**PERSONAL REFERENCES:** List three personal references who are not your relatives or employees of the City of Port Orchard. State the nature of your relationship (i.e., friend, landlord, etc.)

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

**IMPORTANT: READ EACH SECTION BELOW CAREFULLY AND COMPLETELY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE STATEMENTS BELOW, ASK FOR CLARIFICATION. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND EACH OF THE PROVISIONS LISTED AND THAT YOU AGREE TO ABIDE BY THE CONDITIONS STATED THEREIN.**

**NOTICE TO PERSONS WITH DISABILITIES:** TESTING ARRANGEMENTS TO ACCOMMODATE PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST OF THE APPLICANT. IF ACCOMMODATION IS REQUESTED, THE APPLICANT WILL BE REQUIRED TO STATE WHAT ACCOMMODATION IS NEEDED.

**HOW TO APPLY:** APPLICATIONS FOR EMPLOYMENT SHOULD BE SUBMITTED ON OFFICIAL APPLICATION FORMS TO THE CITY OF PORT ORCHARD AT THE ADDRESS SHOWN ON PAGE 1 OF THIS APPLICATION FORM. SUBMIT ONE APPLICATION FOR EACH POSITION. IT IS YOUR RESPONSIBILITY TO KEEP YOUR APPLICATION UP TO DATE. AN APPLICATION WILL BE REJECTED WHICH IS RECEIVED UNSIGNED, INCOMPLETE, OR AFTER THE CLOSING DATE SPECIFIED ON THE JOB ANNOUNCEMENT.

**EXAMINATION PROCEDURE:** YOU WILL BE NOTIFIED WITHIN FOUR WEEKS OF THE CLOSING DATE OF THE JOB ANNOUNCEMENT REGARDING ANY TESTING PROCEDURES WHICH MAY BE INVOLVED IN THE HIRING PROCESS. ANY PART OF THE ANNOUNCED EXAMINATION MAY BE ELIMINATED IF THERE IS AN INSUFFICIENT NUMBER OF APPLICANTS TO JUSTIFY GIVING THE COMPLETE EXAMINATION.

**PRE-EMPLOYMENT MEDICAL EXAMINATION:** APPLICANTS SELECTED FOR EMPLOYMENT MAY BE REQUIRED TO PASS A MEDICAL EXAMINATION GIVEN BY A PHYSICIAN DESIGNATED BY THE CITY OF PORT ORCHARD.

**PAY PLAN:** NEW EMPLOYEES ORDINARILY START AT THE MINIMUM RATE IN THE SALARY RANGE.

**PROBATIONARY PERIOD:** EMPLOYEES SERVE A PROBATIONARY PERIOD AS DETERMINED BY CITY POLICY OR BY ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT. TERMINATION OF EMPLOYMENT DURING THE PROBATIONARY PERIOD MAY BE WITH OR WITHOUT CAUSE AND IS NOT SUBJECT TO ANY APPEAL PROCESS NOR THE GRIEVANCE PROCEDURE OF ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

**DRUG POLICY:** IT IS THE POLICY OF THE CITY OF PORT ORCHARD TO MAINTAIN A DRUG FREE WORKPLACE. EMPLOYEES WHO ARE OBSERVED IN POSSESSION OF OR USING CONTROLLED SUBSTANCES (DRUGS) WILL BE TERMINATED AND MAY HAVE CRIMINAL ACTIONS FILED AGAINST THEM. EMPLOYEES IN CERTAIN POSITIONS ARE SUBJECT TO FEDERAL LAWS REQUIRING PRE-EMPLOYMENT, POST-ACCIDENT, AND RANDOM DRUG TESTING.

**AGREEMENT:** I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION ON THIS APPLICATION IS GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, IS GROUND FOR TERMINATION. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE THE CITY OF PORT ORCHARD ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION. I AUTHORIZE THE CITY OF PORT ORCHARD TO REQUEST AND RECEIVE SUCH INFORMATION.

I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON THAT IS NOT VIOLATIVE OF LAW, AT THE DISCRETION OF EITHER THE CITY OF PORT ORCHARD OR MYSELF. I UNDERSTAND THAT NO MANAGEMENT OFFICIAL OTHER THAN THE CHIEF EXECUTIVE OFFICER HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCE OR PROMISE OF CONTINUED EMPLOYMENT.

I AGREE TO COMPLY WITH THE CITY OF PORT ORCHARD RULES, REGULATIONS AND POLICIES, AND ACKNOWLEDGE THAT THESE RULES, REGULATIONS AND POLICIES MAY BE CHANGED, INTERPRETED, WITHDRAWN, OR SUPPLEMENTED ANY TIME, AND WITHOUT PRIOR NOTICE TO ME.

I UNDERSTAND THAT THIS APPLICATION AND ANY OTHER DOCUMENTS WHICH I MAY RECEIVE ARE NOT CONTRACTS OF EMPLOYMENT.

**RELEASE:** I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY OR OTHER ENTITY 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 THAT PERSON, CORPORATION, COMPANY OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY COMPLY WITH THE INVESTIGATION, INQUIRY OR INTERESTS OF THE CITY OF PORT ORCHARD, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_