

EMPLOYMENT HISTORY
Begin with your most recent employer.

1. Employer's Name	Telephone ()
Address	Employed (Month & Year) From To
Name of Supervisor	
Job Title and Description of Work	Reason for Leaving
2. Employer's Name	Telephone ()
Address	Employed (Month & Year) From To
Name of Supervisor	
Job Title and Description of Work	Reason for Leaving
3. Employer's Name	Telephone ()
Address	Employed (Month & Year) From To
Name of Supervisor	
Job Title and Description of Work	Reason for Leaving
4. Employer's Name	Telephone ()
Address	Employed (Month & Year) From To
Name of Supervisor	
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 Profession/Civic Organizations or Military Experience

Exclude those that may disclose your race, color, religion, sexual orientation, or national origin.

DRUG POLICY

It is the policy of the Port of Port Townsend 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 STATEMENT

Equal opportunity is the policy of the Port of Port Townsend and employment opportunities will NOT be limited because of race, color, religion, sex, sexual orientation, or nationality and will be so applied. This employer affirmatively seeks to employ and advance qualified Veterans of Vietnam and disabled Veterans. Hiring, promotions, lay-offs, discharge, rate of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. The Port of Port Townsend abides by the principles of the Age Discrimination in Employment Act (ADEA) and does not unlawfully discriminate on the basis of age. The Port of Port Townsend complies with the Americans with Disabilities Act when requested to make an accommodation.

NO CONTRACT

I understand that if employed, I am employed AT WILL and that no contract between myself and the Port of Port Townsend is created by my completion of this application, my receiving employment, my continued employment, or my receiving benefit of employment of any type. 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 Port Townsend, 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 Port Townsend rules and policies including the prohibition against any form of sexual or other 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 Port Townsend 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 Port Townsend 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.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature

PERSONAL REFERENCES		
Name	Relationship	Telephone ()
Name	Relationship	Telephone ()
Name	Relationship	Telephone ()
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 of Port Townsend.		
AUTHORIZATION		
I, the 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 Port Townsend, 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		