

Port Townsend



Jefferson County

EMPLOYMENT APPLICATION

PLEASE PRINT

PERSONAL

Name: _____ Date: _____

Address: _____ Phone Number: (____) _____

City: _____ State: _____ Zip Code: _____

Position desired? _____ Email: _____

Can you perform the essential functions of the position for which you are applying? YES NO

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES NO

(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES NO

(If no, you may be required to provide authorization to work.)

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? YES NO If yes, please explain: (A conviction will not necessarily result in the denial of employment.)

Have you ever worked for Quimper Mercantile Company (QMC) before? YES NO

When? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for QMC? YES NO If yes, who and where do they work?

Have you done any related volunteer work? YES NO If yes, describe: (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

Are you available to work: DAYS NIGHTS WEEKENDS FULL TIME If you cannot work full time, please explain:

Are you presently employed? YES NO If yes, may we contact your employer? YES NO
 If presently employed, why are you considering leaving?

Do you belong to any professional, trade, business or civic organizations which deal with the position for which you are applying? YES NO If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES NO If yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college or special interests and hobbies: (Omit any which reflect your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EMPLOYMENT Start with your present or most recent position

Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From: (Month/Day/Year)	To: (Month/Day/Year)	Rate of Pay Beginning:	Final:
Describe the Work Performed			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From: (Month/Day/Year)	To: (Month/Day/Year)	Rate of Pay Beginning:	Final:
Describe the Work Performed			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From: (Month/Day/Year)	To: (Month/Day/Year)	Rate of Pay Beginning:	Final:
Describe the Work Performed			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From: (Month/Day/Year)	To: (Month/Day/Year)	Rate of Pay Beginning:	Final:
Describe the Work Performed			

Use an additional sheet of paper if more space is necessary.

PERSONAL REFERENCES Give three references (not relatives or employers)

Name _____	Occupation _____
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number () _____
Name _____	Occupation _____
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number () _____
Name _____	Occupation _____
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number () _____

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, EXCEPT WHERE SEX IS A BONAFIDE OCCUPATIONAL QUALIFICATION, SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.

IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the organization. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: _____

Do not write below this line

RESULTS

Employed: YES NO

If Yes, Job Title: _____ Department _____

Date beginning Employment _____ Compensation \$ _____ per _____

Interviewed by: _____ Date: _____