

APPLICATION FOR EMPLOYMENT

PORT OF KENNEWICK
 350 CLOVER ISLAND DRIVE
 KENNEWICK, WASHINGTON 99336
 Tel: (509) 586-1186
 Fax: (509) 582-7678
 Web Site: PortOfKennewick.org



PLEASE TYPE OR PRINT – USE INK ONLY

This form is required for employment and must be completed in full. A resume is also required and will not be accepted in place of a completed application. Incomplete applications will be rejected. You must notify the Port of Kennewick if you change your address or phone number. Applicants who need special accommodation during the employment process due to a disability should contact the Port of Kennewick at (509) 586-1186. Please see the accompanying job description and disclosure of compensation and benefits.

POSITION DESIRED:
Maintenance Technician

Name:		Prior names used:	
Address:	AVAILABILITY (Please check one):		
	<input type="checkbox"/> Immediate <input type="checkbox"/> Other (Specify) _____		
City/State/Zip:		Fax:	
Telephone Home:		Telephone Cell:	
E-mail:			

GENERAL INFORMATION

Type of work you will accept (check appropriate boxes):		Full Time:	<input type="checkbox"/> YES	Part-time:	<input type="checkbox"/> YES
Temporary:	<input type="checkbox"/> YES	Seasonal:	<input type="checkbox"/> YES	Shift:	<input type="checkbox"/> YES
				Weekend:	<input type="checkbox"/> YES
Are you able to provide documentation to verify that you may be lawfully employed in the U.S.?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you possess a valid driver's license?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Commercial driver's license class:		Endorsements:			
Have you ever been discharged (fired) or resigned (quit) in lieu of discharge, except for lay off because of lack of work?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you a former Port of Kennewick employee?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, date of separation:	

Education	Name of School		Diplomas/degrees/etc.
High School			
Colleges & Universities			
Colleges & Universities			
Technical or Trade Schools			
Training and/or Certifications			
Have you completed an apprenticeship?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Which craft(s):

OTHER SKILLS AND QUALIFICATIONS

What computer systems, programs, and office machines are you able to operate?			
		Typing Speed:	WPM
List any special certifications, technical skills, training, or experience you have gained through employment or as a volunteer that have not been listed above:			

EMPLOYMENT EXPERIENCE

Be sure to complete all sections of this application completely and accurately to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. **Beginning with your present or most recent employment** and working back, list the last four positions you held. Give us a clear description of your job duties, the time spent doing that work, the equipment you used, and anything else that will help us understand the nature of your work. If more space is needed, please attach an additional sheet.

A RESUME WILL NOT BE ACCEPTED IN PLACE OF COMPLETING THIS SECTION. DO NOT REFERENCE "SEE RESUME." INCOMPLETE APPLICATIONS WILL BE REJECTED.

May an inquiry be made of your present employer?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name and address of employing firm:			
Phone Number:		Immediate supervisor:	
Job Title:		Dates worked:	From To
Reason for leaving:			
Description of work performed:			

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Phone Number:		Immediate supervisor:			
Job Title:				Dates worked:	From To
Reason for leaving:					
Description of work performed:					
Name and address of employing firm:					
Phone Number:		Immediate supervisor:			
Job Title:				Dates worked:	From To
Reason for leaving:					
Description of work performed:					
Name and address of employing firm:					
Phone Number:		Immediate supervisor:			
Job Title:				Dates worked:	From To
Reason for leaving:					
Description of work performed:					

PROFESSIONAL REFERENCES			
List three people (non-related) who can speak knowledgeably of your ability to do the job.			
NAME	ADDRESS	TELEPHONE	YEARS KNOWN

AGREEMENT, CERTIFICATION, AND AUTHORIZATION
(Please read carefully)

I certify that all statements made in this application, and in any accompanying materials (including resumes or supplemental documents), are true, complete, and accurate to the best of my knowledge. I understand that any false statements, misrepresentations, or material omissions may disqualify me from further consideration for employment or, if discovered after hire, may result in disciplinary action, up to and including termination of employment.

I authorize my current and former employers listed in this application to provide information regarding my employment history to representatives of the Port of Kennewick. I release those employers, and their representatives, from liability for providing such information in good faith in response to a lawful request.

I authorize the Port of Kennewick to verify the educational information I have provided, including by contacting the listed educational institutions or using a third-party verification service. I understand that any offer of employment may be contingent upon successful verification of my educational credentials.

If a conditional offer of employment is made, I understand that I may be required to undergo a pre-employment drug screening, to the extent permitted by applicable law. I understand that any such testing will be conducted in accordance with applicable federal, state, and local laws. Refusal to submit to testing, or attempts to tamper with or falsify a test sample, may result in withdrawal of a conditional offer of employment.

I understand that, consistent with Washington law, any inquiry into or consideration of criminal history will occur only after a conditional offer of employment has been made. If applicable, I may be required to authorize a background check in compliance with the Fair Credit Reporting Act (FCRA). I understand that a criminal conviction does not automatically disqualify an applicant from employment. Any employment decision will be based on a legitimate business reason and will consider factors such as the nature of the offense, its relation to the position, and the time elapsed since the conviction.

If the position includes financial or fiduciary responsibilities, I understand that a consumer credit report may be requested, subject to my written authorization and in compliance with applicable law, including the FCRA.

I certify that I have reviewed the job description for the position for which I am applying and that I am able to perform the essential functions of the position, with or without reasonable accommodation.

If I am offered employment, I understand that federal law requires me to provide documentation verifying my identity and authorization to work in the United States within three (3) business days of my start date, as required by Form I-9 requirements.

If the position requires driving as an essential function, I understand that I may be required to provide proof of a valid driver's license and, where permitted by law, authorize a review of my driving record.

I understand that, if hired, my employment will be at-will, meaning that the employer or I may terminate the employment relationship at any time, with or without cause and with or without notice, subject to applicable law. I further understand that this application does not constitute a contract of employment.

Signature of Applicant:		Date of Application:	
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NOTE: All applications must be complete, signed, and dated to be considered.