



Port of Silverdale
PO Box 310
Silverdale WA, 98383

3550 NW Byron St
Silverdale WA, 98383

360-698-4918 Fax 360-698-2402
portofsilverdale@wavecable.com

Employment Application

Applicant Information

Last Name First Name Middle Name Date

Street Address1

Street Address2

City State Zip E-mail

Date Available Position Applied for Desired Salary

Yes No

Are you legally authorized to become employed in the United States?

Yes No

Have you ever worked for the Port of Silverdale? If yes, when?

Education

High School Address

Yes No

From To Did you graduate? Diploma

College Address

Yes No

From To Did you graduate? Diploma

Other Address

Yes No

From To Did you graduate? Diploma

Previous Employment

Company

Phone

Address

Supervisor

Job Title

Hours

Responsibilities:

--

From

To

Reason for Leaving

Yes No

May we contract your previous supervisor for a reference?

Company

Phone

Address

Supervisor

Job Title

Hours

Responsibilities:

--	--

From

To

Reason for Leaving

Yes No

May we contract your previous supervisor for a reference?



Company

Phone

Address

Supervisor

Job Title

Hours

Responsibilities:

--	--

From

To

Reason for Leaving

Yes No

May we contract your previous supervisor for a reference?



References

Please list three professional references

Full Name

Relationship

Company

Phone

E-mail

Address

Full Name

Relationship

Company

Phone

E-mail

Address

Full Name

Relationship

Company

Phone

E-mail

Address

Please read each of the following items before submitting this application

As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the successful passing of a physical.

I CERTIFY that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false, misleading or incomplete statements on this application shall be grounds for dismissal.

I AUTHORIZE the Port of Silverdale (Port) to investigate information concerning my previous employment, education and background as well as criminal background, driving record and credit report. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.

I UNDERSTAND and agree that my employment is At-Will and compensation may be terminated at any time without prior notice, with or without cause, at the option of the Port or myself, and understand that no representative of the Port, other than the Chief Executive Officer, has authority to enter into any agreement contrary to the foregoing.

I UNDERSTAND that all Port property must be returned and any indebtedness to the Port must be paid on or before my last day of work. I authorize the Port to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date