



7500 Werner Road * PO Box 5030 * Bremerton, WA 98312

EMPLOYMENT APPLICATION

Thank you for your interest in employment with Peninsula Services!

Our mission is to provide community job training and employment opportunities to adults with disabilities. For more information about our wide array of services and projects, go to our website: www.peninsulaservices.org.

Please contact us if you need assistance in or would like to request accommodation for completing the application, by phone 360-479-6520 or TTY.

We are proud to be a United Way and EOE AA M/F/Vet/Disability compliant agency. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status. **All job offers are contingent upon passing a background check, reference check, and E-Verify.**

INSTRUCTIONS: Complete the entire application packet. Your application will be considered incomplete and **will not** be evaluated if you submit a résumé or write "see résumé" without the required application material. Return the application by **5:00 pm on the closing date**. We will not consider late applications. If you have any questions about filling out this application, please call 360-479-6520 or Cell# 360-731-2014

HOW TO SUBMIT THIS FORM WHEN COMPLETED:

IN PERSON: Business Office at 400 Warren Ave in Bremerton. **BY MAIL:** Peninsula Services; PO Box 5030; Bremerton, WA 98312 **BY FAX:** (360) 479-0392
BY EMAIL: Rollande Scolari: Rollandes@peninsulaservices.org
OR: Payton Urrutia: Paytonu@peninsulaservices.org

APPLICANT'S STATEMENT / AGREEMENT & RELEASE

I certify the answers given herein are true and complete to the best of my knowledge. I authorize PENINSULA SERVICES to conduct a complete investigation of all statements contained in this Employment Application. This application for employment shall be considered active until the position is filled.

PENINSULA SERVICES *ONLY* accepts applications for currently open positions.

I hereby understand and acknowledge that, unless defined by applicable law, any employment relationship with this organization is of an "at will" nature. In the event of employment, I understand that any false or misleading statements contained in my application or interview(s) may result in discharge.

I further understand that I will be required to abide by all PENINSULA SERVICES rules and regulations.

Applicant's Signature

Date

PENINSULA SERVICES EMPLOYMENT APPLICATION

7500 Werner Road * POBox 5030
Bremerton, WA * 98312
Office (360)479-6520
Fax (360)479-0392

Position for which you are applying (we only accept applications for currently open positions). _____ Date _____

Last Name First Name Middle Initial

Mailing Address City State Zip Code

Email Cell Phone Home Phone (if applicable)

How did you learn about this position?

- On-Line Advertisement WorkSource Peninsula Services Website Indeed Website Other:

Have you filed an application with us before? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give date:	Have you been employed by Peninsula Services? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give date(s):
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If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you able to perform the essential functions of this position, with or without reasonable accommodations? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Can you provide proof of citizenship, visa or alien registration, if hired? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have any friends or relatives currently working for Peninsula Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Date Available for Work	What type of position do you want? (Check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> On-Call
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Have you been convicted of a felony? YES NO If YES, give date and offense:

NOTE: A conviction record does not necessarily result in an automatic disqualification from employment.

We are required, by our accrediting agencies, to have 75% of our direct labor be performed by persons with disabilities, who are disabled for the work performed. Because of this requirement, your chances of being hired will increase if you disclose your disability. If you are offered the job, but before being hired, you will need to provide medical documentation of your disability. This information will be kept confidential.

Please mark the box that applies to you:

YES, I have a disability and would like to have my application placed on the priority/preferred processing list. I will provide medical documentation, before starting work, if offered a job with Peninsula Services.

NO, I do not have a disability and would like to be considered for employment.

EDUCATION & TRAINING	Did you graduate from high school or receive a G.E.D.? <input type="checkbox"/> YES <input type="checkbox"/> NO Location:	Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO State of Issue:
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COLLEGE or VOCATIONAL SCHOOL / LOCATION (City & State)	DATES From / To	MAJOR	MINOR	GPA	DEGREE EARNED	DATE OF DEGREE

Describe any specialized training, apprenticeship and/or related activities:

List any other relevant skills	List equipment you have been trained on and can operate
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Please list any additional information that may be relevant and helpful to us in considering your application.

EMPLOYMENT HISTORY

List your work history for the last 10 years, including self-employment, volunteer work and military service. Please explain any periods of unemployment. Begin with your **most recent** position and list each position separately. Include experience beyond 10 years if it is relevant to the job for which you are applying. Please attach additional employment history sheets in the same general format if needed. Your application will be considered incomplete and **will not** be evaluated if you submit a résumé or write "see résumé" without completing the application. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Most Recent Position Title 1	Employer Name & Address	Dates Worked (MM/YYYY) From: To:	
Name & Title of Supervisor	Phone Number	# of Hours Worked/Week	
Reason for Leaving/Considering Change		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Contact Me First	
Primary Duties (Summarize the work you performed and your job responsibilities)			

Position Title 2	Employer Name & Address	Dates Worked (MM/YYYY) From: To:	
Name & Title of Supervisor	Phone Number	# of Hours Worked/Week	
Reason for Leaving/Considering Change		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Contact Me First	
Primary Duties (Summarize the work you performed and your job responsibilities)			

Position Title 3	Employer Name & Address	Dates Worked (MM/YYYY) From: To:	
Name & Title of Supervisor	Phone Number	# of Hours Worked/Week	
Reason for Leaving/Considering Change		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Contact Me First	
Primary Duties (Summarize the work you performed and your job responsibilities)			

PERSONAL/PROFESSIONAL REFERENCES Please **DO NOT** include family members or past supervisors.

Initial here _____ to authorize permission to contact the people listed below:

Name 1	Phone Number	Best Time to Call	Occupation
Name 2	Phone Number	Best Time to Call	Occupation
Name 3	Phone Number	Best Time to Call	Occupation

Peninsula Services is an Equal Opportunity Employer

ONE AGENCY... ONE MISSION... ONE VISION... ALL UNITED

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

DATE STAMP /RECEIVED

POSITION APPLIED FOR: _____

Qualified YES NO

Interviewed YES NO

Hired YES NO Date of Hire: _____/_____/_____

EEO-1 CLASSIFICATION

Executive (1.1)

First Level Manager (1.2)

Professional (2)

Technician (3)

Sales Worker (4)

Administrative Support Workers (5)

Craft Worker (6)

Operative (7)

Laborer/Helper (8)

Service Worker (9)

ADDITIONAL NOTES:

Completed by: _____

Date Logged: _____

Voluntary Affirmative Action Information

PENINSULA SERVICES is proud to be an **EOE AA M/F/Vet/Disability** compliant and United Way affiliated agency. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation, the presence of a non-job related medical condition or disability or any other legally protected status.

Position You Applied For			Date
Last Name	First Name	Middle Initial	Home Phone # ()
Mailing Address			Cell Phone # ()
City	State	Zip Code	Email Address:

How did you learn about this position?

- Newspaper Advertisement On-Line Advertisement Work Source Peninsula Services Website Other

IF "OTHER", please list source (Family, Friend, etc.): _____

Please Note: The minimum amount of information required on this report is your printed name, signature and date.

As required, we comply with government regulations, including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you please complete this applicant data survey. Your cooperation is appreciated. Please be advised that your survey is *not* a part of your official application for employment. It will **not** be used in any hiring decision and will not be filed with your application. It will be kept confidential and be used only in accordance with applicable laws and regulations.

CHECK ONE: MALE FEMALE NON-BINARY PREFER NOT TO ANSWER

PLEASE CHECK the Following Race/Ethnic Group(s) to Which You Belong:

- ASIAN** – a person having origins in the original peoples of the Far-East, Southeast Asia or the Indian Subcontinent (e.g. China, Vietnam, Pakistan, the Philippines, etc.).
- BLACK or AFRICAN AMERICAN** – a person having origins in the racial groups of Africa; also includes Haitian.
- HISPANIC or LATINO (all races other than White)** – a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin and of any race **other** than White.
- NATIVE AMERICAN or ALASKAN NATIVE** – a person having origins in any of the original peoples of North, Central or South American and who maintains tribal affiliations or community attachment.
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER** – (e.g. Guamanian, Samoan)
- WHITE**
- COMBINATION OF TWO OR MORE OF THE ABOVE** (Please List or check multiple boxes)
- UNKNOWN**

PLEASE CHECK IF ANY of the following are applicable:

- Vietnam Era Veteran Afghanistan Veteran Combat Disabled Veteran – Afghanistan
- Gulf War Veteran Veteran of Other Era Combat Disabled Veteran - Iraq
- Iraq Veteran Veteran with Medical Disability Discharge

PLEASE CHECK BRANCH OF SERVICE if you are claiming Veteran Status:

- Air Force Army Coast Guard Marines Navy National Guard

I am a person with a disability. I understand that if hired, I must provide documentation of my disability, signed by a qualified medical practitioner. Please Check: YES NO

Applicant's Signature

Date

~ To Be Completed By Applicant ~ Not For Interview Purposes ~ Do Not File With Application ~