



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](http://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, TTY or email [info@peninsulaservices.org](mailto:info@peninsulaservices.org).

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, E-Verify and drug screening.**

**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 filling in 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.

### HOW TO SUBMIT THIS FORM WHEN COMPLETED:

**IN PERSON:** Peninsula Services HR Office \* 7500 Werner Road \* Bremerton \* Upper Level

**BY MAIL:** Peninsula Services, PO Box 5030, Bremerton, WA 98312

**BY FAX:** (360) 479-0392

**BY EMAIL:** [info@peninsulaservices.org](mailto:info@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 or I withdraw it.

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 \* PO Box 5030 \* Bremerton, WA \* 98312  
 Business Office (360) 373-1446 \* HR Office (360) 479-6520  
 HR 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 Home Phone Cell Phone

How did you learn about this position?

On-Line Advertisement  Work Source  Peninsula Services Website  Peninsula Services Employee  Print Ad  Other: \_\_\_\_\_

Have you filed an application with us before?

YES  NO If YES, give date: \_\_\_\_\_

Have you been employed by Peninsula Services?

YES  NO If YES, give most recent date: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  YES  NO

Are you able to perform the essential functions of this position, with or without reasonable accommodations?  YES  NO

Can you provide proof of citizenship, visa, or alien registration, if hired?  
 YES  NO

Do you have any friends or relatives currently working for Peninsula Services?  YES  NO

Date Available for Work

What type of position do you want? (Check all that apply)

Full Time  Part Time  Temporary  On-Call  Shift Work

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. If I am offered a job with Peninsula Services I will provide medical documentation before starting work.

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

EDUCATION & TRAINING College or Vocational School Location (City/State)	Did you graduate High School or receive a GED? <input type="checkbox"/> YES <input type="checkbox"/> NO Location:			Do you have a Driver's License <input type="checkbox"/> YES <input type="checkbox"/> NO State Issued:	
	Dates From/To	Major	Minor	GPA	Degree Earned

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

\_\_\_\_\_  
 List any other relevant skills

\_\_\_\_\_  
 List equipment you have been trained on and can operate

\_\_\_\_\_  
 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. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status if you choose. 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 only submit a résumé or write "see résumé" **without** completing the application.

Most Recent Position Title 1	Employer Name & Address	Dates Worked (MM/YYYY) From:  To:
Name & Title of Supervisor	Phone Number or Email Address	# of Hours Worked per 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)

Previous Position Title 2	Employer Name & Address	Dates Worked (MM/YYYY) From:  To:
Name & Title of Supervisor	Phone Number or Email Address	# of Hours Worked per 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)

Previous Position Title 3	Employer Name & Address	Dates Worked (MM/YYYY) From:  To:
Name & Title of Supervisor	Phone Number or Email Address	# of Hours Worked per 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 for us to contact the people listed below:

1 Name	Phone Number or email	Best Time to Call	Occupation and Relationship
2 Name	Phone Number or email	Best Time to Call	Occupation and Relationship
3 Name	Phone Number or email	Best Time to Call	Occupation and Relationship

*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 a 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. **The minimum amount of information required on this report is your printed name, signature, and date but we would appreciate your help in gathering this data.** Peninsula Services complies with government regulations, including Affirmative Action obligations where they apply. In an effort to obey requirements regarding government recordkeeping, reporting and other legal responsibilities, we ask that you please complete this applicant 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.

Position 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 JOB OPENING?  WORKSOURCE  ONLINE  PENINSULA SERVICES WEBSITE  OTHER (friend/relative)

**GENDER:**  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, the Philippines, India, or Pakistan).
- 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/First 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/CAUCASIAN** (UK/European/Mediterranean/Australian etc.)
- COMBINATION OF TWO OR MORE OF THE ABOVE** (Please check this and the pertinent boxes above)
- UNKNOWN**

**MILITARY VETERAN STATUS - PLEASE CHECK IF ANY OF THE FOLLOWING APPLY**

- 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.** Please Check: YES  OR NO  I understand that if hired, and I checked “yes” I must provide documentation of my disability, signed by a qualified medical practitioner.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date