



7500 Werner Road \* 400 Warren Ave\* 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 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](mailto:Rollandes@peninsulaservices.org)  
**OR: Payton Urrutia:** [Paytonu@peninsulaservices.org](mailto:Paytonu@peninsulaservices.org)

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### 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.

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Applicant's Signature

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Date

# PENINSULA SERVICES EMPLOYMENT APPLICATION

7500 Werner Road \* 400 Warren Ave  
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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, give date: | Have you been employed by Peninsula Services?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, give date(s): |
|--|---|

|   |  |
|---|--|
| If you are under 18 years of age, can you provide required proof of your eligibility to work?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | Are you able to perform the essential functions of this position, with or without reasonable accommodations?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--|

|   |  |
|---|--|
| Can you provide proof of citizenship, visa or alien registration, if hired?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | Do you have any friends or relatives currently working for Peninsula Services?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--|

|                         |  |
|-------------------------|--|
| Date Available for Work | What type of position do you want? (Check all that apply)<br><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> On-Call |
|-------------------------|--|

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.

|                                 |  |   |
|---------------------------------|--|---|
| <b>EDUCATION &amp; TRAINING</b> | Did you graduate from high school or receive a G.E.D.? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Location: | Do you have a valid driver's license?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   State of Issue: |
|---------------------------------|--|---|

| 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 |
|--------------------------------|---|

Please list any additional information that may be relevant and helpful to us in considering your application.

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## 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<br><b>1</b> | Employer Name & Address | Dates Worked (MM/YYYY)<br>From:<br><br>To:  |  |
| Name & Title of Supervisor             | Phone Number            | # of Hours Worked/Week  |  |
| Reason for Leaving/Considering Change  |                         | May we contact this employer?<br><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<br><b>2</b>            | Employer Name & Address | Dates Worked (MM/YYYY)<br>From:<br><br>To:  |  |
| Name & Title of Supervisor            | Phone Number            | # of Hours Worked/Week  |  |
| Reason for Leaving/Considering Change |                         | May we contact this employer?<br><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<br><b>3</b>            | Employer Name & Address | Dates Worked (MM/YYYY)<br>From:<br><br>To:  |  |
| Name & Title of Supervisor            | Phone Number            | # of Hours Worked/Week  |  |
| Reason for Leaving/Considering Change |                         | May we contact this employer?<br><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<br><b>1</b> | Phone Number | Best Time to Call | Occupation |
| Name<br><b>2</b> | Phone Number | Best Time to Call | Occupation |
| Name<br><b>3</b> | 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 ~**