

APPLICATION FOR EMPLOYMENT

Kitsap Public Services, Inc.
and/or My Tow, Inc.
920 N. Wycoff
Bremerton, WA 98312

(360) 479-7500

Date of Application: _____

DISPATCHER POSITION

Referral Source:

Advertisement Employee Relative Walk-In
 Employment Agency Other _____
Name of Source (if applicable) _____



PERSONAL INFORMATION

NAME: _____
(Last, First, Middle)

ADDRESS: _____

TELEPHONE: (Day) _____ (Night) _____
BEST TIME TO CALL: _____

MAY WE CALL YOU AT WORK? _____ Yes _____ No
If yes, work number & best time to call _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? _____ Yes _____ No
If yes, give date(s) _____

DATE AVAILABLE FOR WORK: _____

PLEASE CHECK AS MANY AS APPLY BASED ON YOUR AVAILABILITY:
____ Days ____ Nights ____ Weekends ____ Holidays
____ Overtime ____ Split-shifts

TYPE OF EMPLOYMENT DESIRED:
____ Full-time ____ Temporary ____ Part-time ____ Seasonal

WILL YOU SUBMIT TO PRE-EMPLOYMENT AND RANDOM DRUG TESTING AS REQUIRED BY THE
FEDERAL MOTORCARRIER SAFETY REGULATIONS?..... _____ Yes _____ No

Are you a U.S. Citizen?..... Yes ____ No ____

If foreign national, do you have a valid work permit? _____

Will you relocate if necessary?..... Yes ____ No ____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle, or has any license, permit or privilege been suspended or revoked? _____

If yes, when _____ for what reason? _____

EDUCATION

Did you graduate from High School or receive a GED?..... Yes ____ No ____

If Yes, Give Name and Location of School _____

List College and/or Trade Schools attended:

NAME OF SCHOOL	COURSEWORK	DATE(S) ATTENDED

REFERENCES

Please give the name and telephone number of three business/work references (not related to you and not previous supervisors). If not applicable, list personal or school references.

NAME	PHONE	YEARS KNOWN

EMPLOYMENT HISTORY

(Attach extra pages if necessary)

LIST ALL EMPLOYMENT DURING THE LAST 10 YEARS (Beginning with most recent employer)

Company _____

Address _____

Phone _____ Position _____ Dates Employed From _____ To _____

Reason for Leaving _____ Rate of Pay: Starting _____ Ending _____

Supervisor's name or contact person _____

Description of Duties _____

Company _____

Address _____

Phone _____ Position _____ Dates Employed From _____ To _____

Reason for Leaving _____ Rate of Pay: Starting _____ Ending _____

Supervisor's name or contact person _____

Description of Duties _____

Company _____

Address _____

Phone _____ Position _____ Dates Employed From _____ To _____

Reason for Leaving _____ Rate of Pay: Starting _____ Ending _____

Supervisor's name or contact person _____

Description of Duties _____

ADDITIONAL INFORMATION

Please give any additional information you would like us to consider when evaluating your application:

TO BE READ AND SIGNED BY APPLICANT

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, for any reason and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Applicant's Signature _____ Date _____