



# APPLICATION FOR EMPLOYMENT

**CITY OF BREMERTON**  
345 Sixth St., Suite 100  
Bremerton, WA 98337-1873  
Phone: (360) 473-5846  
Fax: (360) 473-2333

**Applicants are considered for all positions without regard to race, color, religion, sex, national origin, sexual orientation, age, genetic information, marital or veteran status, or the presence of any disability.**

**Instructions:** Please print or type all information. This application **must** be filled out accurately and completely. Do not leave an item blank. If an item does not apply, write N/A (not applicable). **Incomplete applications will be reason for disqualification from further consideration.** If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, include your name and the position title for which you are applying. If you are submitting a resume, you must still complete all parts of this application. You may attach copies of documents or certificates which support your application. All materials submitted become the property of the City and will not be returned. All statements made on this application are subject to verification. A separate application must be completed for each position for which you apply.

How did you learn about us?  Kitsap Sun - Print  Kitsap Sun - Online  Indeed  LinkedIn  City Website  
 Advertisement Publication \_\_\_\_\_  Employment Agency  Friend/Relative  Walk-In  Other \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE (MAIDEN)

Mailing Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone ( ) Work Telephone ( )

Message Telephone ( ) Name of Contact \_\_\_\_\_

Email Address \_\_\_\_\_

Have you filed an application here before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date \_\_\_\_\_

May we contact your present employer?  Yes  No

Can you demonstrate that you are legally authorized to work in the United States at time of job offer?  Yes  No

Police & Fire Only: U.S. Citizen  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Can you travel if a job requires it?  Yes  No

Police Officer applicants only: Have your ever been convicted of a felony?  Yes  No

If yes, please explain \_\_\_\_\_

**The City of Bremerton is Proud to be an Equal Employment Opportunity Employer Committed to a Diverse Workforce.**

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. This section must be completed. Do not put "refer to resume." If you need additional space, please attach an additional page.

1	EMPLOYER	DATES EMPLOYED		Work Performed
		FROM	TO	
	ADDRESS			
	JOB TITLE	SUPERVISOR		
	REASON FOR LEAVING	TELEPHONE NO.		
2	EMPLOYER	DATES EMPLOYED		Work Performed
		FROM	TO	
	ADDRESS			
	JOB TITLE	SUPERVISOR		
	REASON FOR LEAVING	TELEPHONE NO.		
3	EMPLOYER	DATES EMPLOYED		Work Performed
		FROM	TO	
	ADDRESS			
	JOB TITLE	SUPERVISOR		
	REASON FOR LEAVING	TELEPHONE NO.		
4	EMPLOYER	DATES EMPLOYED		Work Performed
		FROM	TO	
	ADDRESS			
	JOB TITLE	SUPERVISOR		
	REASON FOR LEAVING	TELEPHONE NO.		
5	EMPLOYER	DATES EMPLOYED		Work Performed
		FROM	TO	
	ADDRESS			
	JOB TITLE	SUPERVISOR		
	REASON FOR LEAVING	TELEPHONE NO.		

Complete if required for the position for which you are applying:                      Typing Speed \_\_\_\_\_

List Word Processing Software Knowledge: \_\_\_\_\_

List Names of Data Processing Equipment you have used: \_\_\_\_\_

**Certifications, Special Skills and/or Qualifications:**

List and/or summarize: \_\_\_\_\_

# Education

		High School				College/University				Graduate/Professional			
School Name													
Years Completed		9	10	11	12	1	2	3	4	1	2	3	4
Check Appropriate Box		<input type="checkbox"/>											
Diploma/Degree													
Describe Course of Study													
Describe Specialized Training, Apprenticeship, Skills													

**Honors Received:**

**State any additional information you feel may be helpful to us in considering your application.**

**Extra-Curricular Activities**

**References:**

Give name, address and telephone number of three references who are not related to you and are not previous employers:





## VETERAN'S STATUS

**To claim veteran's status, please complete and sign this form and attach a copy of your DD-214**

Name: \_\_\_\_\_ Position Applied for: \_\_\_\_\_  
(Last, First, M.I.)

**VETERAN'S STATUS:** In accordance with law RCW 41.04.010, certain veterans are eligible to receive a scoring criteria status. A scoring criteria status is the addition of a certain percentage to the "passing mark, grade or rating" received in a competitive examination by a veteran.

If claiming veteran's status, **you must attach a copy of page four of form DD-214 and complete all questions below** by checking the appropriate boxes and including required information where applicable.

1. Do you claim veteran's status for this examination?  YES  NO
  
2. Serving status:
  - As a member in any branch of the armed forces of the United States, including the National Guard and armed forces reserves, and has fulfilled his or her initial military service obligation;
  - As a member of the women's air forces service pilots;
  - Member of the Armed Forces Reserve, National Guard or Coast Guard who has been called into federal service by a presidential select reserve call up for at least one hundred eighty cumulative days;
  - Civil service crewmember with service aboard a U.S. army transport service or U.S. naval transportation service vessel in oceangoing service from December 7, 1941, through December 31, 1946;
  - As a member of the Philippine armed forces/scouts during the period of armed conflict from December 7, 1941, through August 15, 1945; or
  - A United States documented merchant mariner with service aboard an oceangoing vessel operated by the department of defense, or its agents, from both June 25, 1950, through July 27, 1953, in Korean territorial waters and from August 5, 1964, through May 7, 1975, in Vietnam territorial waters, and who received a military commendation.
  
3. **Type of military service and/or retirement status:**
  - I have served on active military duty during a **period of war** or received the expeditionary medal or marine corps and navy expeditionary medal, for **opposed action on foreign soil** as a member in the armed forces (any branch) of the United States (RCW 41.04.005). Name the war(s) or medal(s) \_\_\_\_\_
  - I have served on active duty during an "**armed conflict**" and have been awarded the respective campaign badge or medal (Armed conflicts include: Crisis in **Lebanon**; the invasion of **Grenada**; **Panama**, Operation Just Cause; **Somalia**, Operation Restore Hope; **Haiti**, Operation Uphold Democracy; **Bosnia**, Operation Joint Endeavor; Operation Noble Eagle; Southern or Central Asia; Operation Enduring Freedom; and Persian Gulf, Operation Iraqi Freedom).  
Name the conflicts \_\_\_\_\_
  - I am a veteran who did not serve during a period of war.



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4.  I **am not** receiving military retirement **OR**  I **am** receiving military retirement.
5.  I have never been granted veteran's preference to obtain an appointment to a position with the State of Washington or any political subdivision or municipal corporation.
6.  I have received an honorable discharge **OR**  I have received a dishonorable discharge.

I certify that the information provided above is accurate and true, and may be subject to verification.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## EEO APPLICANT TRACKING SHEET

INSTRUCTIONS TO HUMAN RESOURCES: Detach this form before processing application.

The City of Bremerton is proud to be an Equal Employment Opportunity Employer committed to a diverse workplace. Please assist us by providing the information below. **This form is voluntary and will not be used in the evaluation of your application.** Thank you for your help.

POSITION APPLIED FOR \_\_\_\_\_

DATE \_\_\_\_\_

NAME: \_\_\_\_\_

FIRST

MI

LAST

SSN# \_\_\_\_\_

Male       Female

40 OR OVER

Native American

White/Caucasian

Other

African American/Black

Asian/Pacific Islander

Hispanic

Veteran       YES       NO

Disabled       YES       NO