

Admiral Ship Supply Employment Application



305 10th Street Port Townsend WA 98368 (360) 379-9921

LAST NAME	FIRST NAME	MIDDLE NAME
APPLICATION FOR POSITION OF:		DATE AVAILABLE
WORK AVAILABILITY		
PRESENT ADDRESS - Street, City, State & Zip Code:		PHONE NUMBER - Include Area Code
MAILING ADDRESS - If Different From Above:		

- | | | |
|---|-----|----|
| Do you currently reside in Jefferson County WA? | YES | NO |
| Can you provide documentation of COVID 19 Vaccination? | YES | NO |
| Are you at least 18 Years Of Age? | YES | NO |
| Are you a U.S. Citizen or do you have an entry permit that allows you to work legally? | YES | NO |
| Can you type on a computer keyboard proficiently? | YES | NO |
| Are you presently employed? | YES | NO |
| The essential functions of this job will require that employees lift up to 50 lbs., bend and stoop frequently, stand for long periods of time, climb stairs, and occasionally climb ladders. Can you perform all of the above listed job functions? | YES | NO |
| Have you been convicted of a crime anytime during the past 7 years? | YES | NO |
| Are you willing to take a background check if offered a position? | YES | NO |

EDUCATION & TRAINING						
Circle Highest Grade Or Year Completed In School 1 2 3 4 5 6 7 8 9 10 11 12	DO YOU HAVE A HIGH SCHOOL DIPLOMA OR A GED EQUIVALENCY? YES NO	NAME AND LOCATION OF HIGH SCHOOL				
TRAINING BEYOND HIGH SCHOOL (College, University or Other Schools)	Number of Years of College or University 1 2 3 4 5 6 7 8+					
SCHOOL NAME & LOCATION	DATES ATTENDED FROM TO		CREDITS EARNED	MAJOR FIELD	GPA / BASIS	DEGREE EARNED & YEAR
DESCRIBE ANY EDUCATION, TRAINING OR INTERESTS WHICH YOU FEEL ARE RELEVANT TO THE JOB(S) FOR WHICH YOU ARE APPLYING.						
WHAT ARE YOUR GOALS OF EMPLOYMENT?						
COMPENSATION DESIRED?						

HOW DID YOU LEARN OF OUR JOB OPENING?

- NEWSPAPER AD
 IN STORE SIGN
 CRAIGSLIST
 FACEBOOK
 OTHER

WORK EXPERIENCE: Please be specific. Start with your most recent job. Be certain to include any service in the armed forces.

Please skip if information is provided on an attached resume

Employer	Type Of Business	Location (Street Address, City, State, Zip Code)	
Job Title	Reason For Leaving		
Name of Supervisor	Length of Employment		Q Full Time Q Part Time
Job Duties	From (Month & Year)	To (Month & Year)	
	Beginning Pay \$ Ending Pay \$		Q Monthly Q Hourly
Employer	Type Of Business	Location (Street Address, City, State, Zip Code)	
Job Title	Reason For Leaving		
Name of Supervisor	Length of Employment		Q Full Time Q Part Time
Job Duties	From (Month & Year)	To (Month & Year)	
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Name of Supervisor	Length of Employment		Q Full Time Q Part Time
Job Duties	From (Month & Year)	To (Month & Year)	
	Beginning Pay \$ Ending Pay \$		Q Monthly Q Hourly

MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? Yes No FORMER EMPLOYER? Yes No

REFERENCES - (other than former employers or relatives)		
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

EMPLOYEE AVAILABILITY

PLEASE INDICATE HOURS YOU ARE ABLE TO WORK ADMIRAL SHIP SUPPLY IS OPEN 6 DAYS A WEEK	MONDAY	TUESDAY	WEDNESDAY	THURS	FRIDAY	SATURDAY
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I affirm that the Information on this Application is complete and correct.

Applicant Signature _____ Date of Application _____