

JEFFCOM EMPLOYMENT APPLICATION

Communications Officer - Full Time

81 Elkins Road, Port Hadlock, Washington 98339
(360) 385-3831 x1

PLEASE TYPE OR PRINT IN INK

JeffCom is an equal opportunity employer. We do not discriminate, in violation of law, on the basis of race, color, natural origin, religion, creed, sex, marital status, age or disability as defined under the Americans with Disability Act.

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|---------------------------|-------|-------|--------------------|--|
| Name: _____ SSN: _____ | | | | |
| Last | First | MI | | |
| Address: _____ | | | | |
| Street Number | City | State | ZIP | |
| Phone: Home: () _____ | | | Work: () _____ | |
| Electronic Mail _____ | | | | |

EDUCATION AND TRAINING

Have you graduated from High School or passed the GED test? Yes: _____ No: _____

| | Name of School(s) | Major | When Attended | Degree |
|---------------------------------------|-------------------|-------|---------------|--------|
| High School or GED | | | | |
| Undergraduate Studies | | | | |
| Graduate Studies | | | | |
| Business or Technical | | | | |
| Military Training | | | | |
| Training and/or Professional Licenses | | | | |

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| NAME: | Last | First | Middle |
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PREVIOUS RESIDENCES: Addresses where you have lived for the past ten years. Account for all time with most recent address first. Do not list your present address.

| From | To | Address (Include City and State) |
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PREVIOUS NAMES and DATES OF BIRTH USED: Include all aliases and maiden names

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Have you been convicted of a crime? Yes: _____ No: _____

If yes, please explain: _____

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EMPLOYMENT HISTORY

Beginning with your present or most recent employment, list your work experience history. Be sure to include any non-paid experience which is related to the job for which you are applying. If additional space is required, attach a separate sheet. **"SEE RESUME" WILL NOT BE ACCEPTED.**

| | | | | |
|--|----------------|--------------------|----------------------|-----------------|
| Employer Name: | | | | |
| Employed To/From: | Your Position: | Supervisor's Name: | Telephone: () | May We Contact? |
| Complete Address: | | | | |
| Describe Major Work Duties (attach a separate sheet if desired): | | | | |
| Reason for Leaving: (If Applicable) | | | | |
| Base Salary (indicate if Hourly/Weekly/Monthly): | | | | |
| Start: | | Final: | | |

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|--|----------------|--------------------|----------------------|-----------------|
| Employer Name: | | | | |
| Employed To/From: | Your Position: | Supervisor's Name: | Telephone: () | May We Contact? |
| Complete Address: | | | | |
| Describe Major Work Duties (attach a separate sheet if desired): | | | | |
| Reason for Leaving: (If Applicable) | | | | |
| Base Salary (indicate if Hourly/Weekly/Monthly): | | | | |
| Start: | | Final: | | |

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| NAME: | Last | First | Middle |
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|--|----------------|--------------------|-------------------|-----------------|
| Employer Name: | | | | |
| Employed To/From: | Your Position: | Supervisor's Name: | Telephone: () | May We Contact? |
| Complete Address: | | | | |
| Describe Major Work Duties (attach a separate sheet if desired): | | | | |
| Reason for Leaving: (If Applicable) | | | | |
| Base Salary (indicate if Hourly/Weekly/Monthly): | | | | |
| Start: | | Final: | | |

| | | | | |
|--|----------------|--------------------|-------------------|-----------------|
| Employer Name: | | | | |
| Employed To/From: | Your Position: | Supervisor's Name: | Telephone: () | May We Contact? |
| Complete Address: | | | | |
| Describe Major Work Duties (attach a separate sheet if desired): | | | | |
| Reason for Leaving: (If Applicable) | | | | |
| Base Salary (indicate if Hourly/Weekly/Monthly): | | | | |
| Start: | | Final: | | |

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| NAME: | Last | First | Middle |
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Have you ever been discharged or asked to resign from any position? Yes:_____ No:_____

If yes, give complete details (date, place, reason, name and address of supervisor):

PERSONAL REFERENCES: List names and addresses of three reliable persons, other than relatives or past employers, who know you well enough to give information about you.

Name:_____ Occupation:_____

Address:_____

Home Telephone Number:_____ How Long Known:_____

Name:_____ Occupation:_____

Address:_____

Home Telephone Number:_____ How Long Known:_____

Name:_____ Occupation:_____

Address:_____

Home Telephone Number:_____ How Long Known:_____

Can you perform the essential functions of this job with or without reasonable accomodation?
(See Job Description) Yes:_____ No:_____

Describe specialized equipment or software you have used, i.e., PC, spreadsheet, database, word processing, 10 key calculator, data entry or other. (You may attach another page if you wish to elaborate.)

Typing Speed:_____ words per minute. (If known.)

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Authorization to Release Information

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| Print Name of Applicant: | Date: |
|--------------------------|-------|

I authorize any person, corporation, company, agency, or other entity, whose name and address I provide in my application, or other materials I have provided to JeffCom, to release information.

AUTHORIZATION

I, the above named applicant, the below signed, do hereby authorize the receiving person, corporation, company or other entity to FULLY AND COMPLETELY DISCLOSE any and all facts regarding my employment, character, work habits, skills, or other employment related information requested by JeffCom, or their agents, who bear this authorization and to whom I have provided your name and address as a reference.

RELEASE

In consideration for assisting me in my application for employment, I the above applicant, the below signed, hereby RELEASE AND HOLD HARMLESS the reference recipient person, corporation, company, or other entity receiving this release from any and all possible damages, direct or consequential, immediate or remote, of all forms or types, that I may sustain or allege to sustain by virtue of the recipient person, corporation, company, or other entity from complying with my request to fully and completely comply with the investigation, inquiry or interests of this employer to whom I have made an application of employment and the bearer of this Authorization. I have given my consent to reproduce this release and such copy shall be considered to be the original for all purposes whether such copy be by photo reproduction or an electronically transmitted facsimile. By my signature, I release any and all parties from any and all liability for any and all statements, writings, conversations or communications of any form, with this Employer regarding any entry on this application and other material I have provided.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

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| This is a legal document; read it carefully before signing. | |
| Applicant's Signature: | |
| Witness's Signature: | Witness's Address: |

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| NAME: | Last | First | Middle |
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CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I understand that, as a condition of my consideration for employment with JeffCom, or as a condition of my continued employment with JeffCom, JeffCom may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verifications, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to JeffCom procurement of such a report. I understand that, pursuant to the Federal Fair Credit Reporting Act, JeffCom will provide me with a copy of any such report if the information contained in such a report is, in any way, to be used for making a decision regarding my fitness for employment with JeffCom. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

| | |
|--|-------|
| Signature of Applicant or Employee: | Date: |
| Printed Name of Applicant or Employee: | |

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| NAME: | Last | First | Middle |
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NO CONFLICTS OF INTEREST:

I certify that I am not engaged in any outside activity or business that could be considered in conflict with JeffCom's interest or those of its citizens, nor will I become engaged in such activity or business if employed. I understand that any outside business or employment I engage in must be in compliance with current JeffCom Administrative policy.

CERTIFICATION TO WORK IN THE UNITED STATES:

I understand that all JeffCom employment offers are contingent on the applicant meeting the requirements of the Immigration Reform and Control Act. This Act requires JeffCom to verify the identity of every new employee as well as their legal right to work in the United States. This verification requires me to complete the Government's Employment Eligibility Verification form (I-9) and present the required documentation on the first day of my employment, if I am hired.

ACCURACY OF INFORMATION:

I represent that I have carefully reviewed all of the questions in the JeffCom application package and have taken all the time necessary to provide full, complete, and accurate responses. I acknowledge that JeffCom will rely on the information I have provided in this application package. I further represent the information I have provided contains no errors, omissions, misrepresentations, or anything that could be construed as misleading. I understand that if employed, any errors, omissions, or misleading statements that I provided on this application package will be grounds for disciplinary action up to and including termination.

EMPLOYMENT:

I understand that if JeffCom employs me, I must comply with JeffCom's policies, rules, and regulations. I understand that no representative of JeffCom other than the Director has the authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the foregoing. I also understand that I must satisfy all of the requirements contained in the application package prior to employment with JeffCom.

| | | |
|---------------|--|-------------|
| Signed: _____ | | Date: _____ |
| Applicant | | |

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
BE SURE TO SIGN ALL DOCUMENTS IN THE SPACES PROVIDED!**

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|--|
| BRING A COPY OF THIS COMPLETED APPLICATION WITH YOU TO YOUR INTERVIEW |
|--|