

# Application for Employment with Washington State Ferries

RETURN THE COMPLETED APPLICATION TO

Washington State Ferries  
 Attn: HR - Summer Hire  
 2901 3<sup>rd</sup> Ave, Suite 500  
 Seattle, WA 98121-3014

Please review all questions carefully before preparing your application.

WSFSummerHiring@wsdot.wa.gov

<b>POSITION</b> (Job Title for which you are applying) <b>ON-CALL TERMINAL EMPLOYEE</b>				<b>NAME</b> (Last, First, and Middle Initial)	
<b>MAILING ADDRESS</b> (include apartment number, if any)					<b>SOCIAL SECURITY NUMBER</b> (for identification only)
<b>CITY</b>	<b>COUNTY</b>	<b>STATE</b>	<b>ZIP</b>	<b>PRIMARY TELEPHONE</b> (     )	
<b>EMAIL ADDRESS</b>					<b>SECONDARY TELEPHONE</b> (     )

## US COAST GUARD DOCUMENTS

**MERCHANT MARINER DOCUMENT AND PROFESSIONAL LICENSE** (Please check the appropriate boxes)

- |  |   |
|--|---|
| 1. <input type="checkbox"/> A/B Endorsement, Limited/Unlimited (circle what applies) | 6. <input type="checkbox"/> Chief Engineer License  |
| 2. <input type="checkbox"/> Mate License   | 7. <input type="checkbox"/> Lifeboatman Endorsement |
| 3. <input type="checkbox"/> Master License   | 8. <input type="checkbox"/> OS Endorsement          |
| 4. <input type="checkbox"/> Oiler Endorsement  | 9. <input type="checkbox"/> TWIC                    |
| 5. <input type="checkbox"/> Assistant Engineer License                               | 10. <input type="checkbox"/> Other _____            |

## EDUCATION

 (Please check the appropriate boxes)

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Vocational School without completing High School    | 6. <input type="checkbox"/> Some Graduate Work                               |
| 2. <input type="checkbox"/> High School Graduate or GED                         | 7. * <input type="checkbox"/> MA./MS./M.S.W. or other Master Degree          |
| 3. <input type="checkbox"/> Vocational or Business School                       | 8. * <input type="checkbox"/> Other Graduate Degree (Ph.D./L.L.D./M.D./etc.) |
| 4. <input type="checkbox"/> Some College (two quarters or more) AA degree       | 9. <input type="checkbox"/> Less than High School Graduate                   |
| 5. * <input type="checkbox"/> College Graduate (BA or BS degree) 4 Year College | *List Major _____  |

Are you a high school graduate or have you passed a general education development (GED) test?

- YES      NO... If no, then what was your highest grade completed: \_\_\_\_\_

List post high school training, including college, business school, military training, and other relevant education. If more space is needed, attach additional sheets.

School Name and Location	Month and Year Attended	Credits Earned			Major	Type of Degree Awarded	Year Degree Received
		Quarter	Semester	Other (Specify)			
1	From /						
	To /						
2	From /						
	To /						

**BACKGROUND** Have you been convicted of a misdemeanor or felony in the past then (10) years? (Answering Yes will not automatically exclude you from employment.) Yes  No

Will VISA or immigration status prevent lawful employment Yes  No

**How did you hear about this job?**  IBU     Online     Personal Reference     Newspaper/Print     Job Fair

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

**EMPLOYMENT HISTORY**

This section must be completed. Account for all time within the last ten (10) years. Start with your present or last position, then work backward.  
 You may use this form for volunteer as well as paid experience. For volunteer experience, 174.3 hours equals one month's experience.  
 If you need more space, you may attach additional sheets.

1. Present or Last Employer		Employer's Address			Employer's Phone Number	
Your Title		Start Date (Month/Year)	End Date (Month/Year)	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Volunteer (Y/N)	No. of Employees Supervised	
Specific Duties:						
2. Present or Last Employer		Employer's Address			Employer's Phone Number	
Your Title		Start Date (Month/Year)	End Date (Month/Year)	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Volunteer (Y/N)	No. of Employees Supervised	
Specific Duties:						
3. Present or Last Employer		Employer's Address			Employer's Phone Number	
Your Title		Start Date (Month/Year)	End Date (Month/Year)	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Volunteer (Y/N)	No. of Employees Supervised	
Specific Duties:						
4. Present or Last Employer		Employer's Address			Employer's Phone Number	
Your Title		Start Date (Month/Year)	End Date (Month/Year)	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Volunteer (Y/N)	No. of Employees Supervised	
Specific Duties:						

**DATE AND SIGNATURE**

All answers and statements are true and complete to the best of my knowledge.  
 I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.  
 I also understand that the state will be conducting criminal conviction checks but a conviction record will not necessarily disqualify me from employment.

**To be accepted you must sign and date this application.**

**Electronic applications do not require a signature. When submitted electronically, you are confirming that all information is true and complete.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date (Month/Day/Year)**

# Authorization for Release of Personal Record Information

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution, division of motor vehicles, or other persons or agencies having personal knowledge about me to furnish bearer with any and all information in their possession regarding me, in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as its original.

**All fields must be completed, including Social Security Number and Date of Birth. If we do not have complete information, we will be unable to complete your background check, and your name will be removed from the hiring list.**

**Please Print Carefully**

Name (First, Middle, Last) \_\_\_\_\_

Phone Number (Daytime) \_\_\_\_\_ (Night) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth (for Identification) \_\_\_\_\_ (MM/DD/YYYY)

Other Names Used

_____	Dates Used	_____
_____	Dates Used	_____
_____	Dates Used	_____

Current Full Address

Number and Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Former Addresses in the Past Five (5) Years (continue on separate sheet if needed)

_____	Dates	_____
_____	Dates	_____
_____	Dates	_____

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (Month/Day/Year)

## **What it means to be “On-Call” for the Terminal Department at Washington State Ferries**

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- **You may be called to work with one hour’s notice.**
- **You may be called to work a shift that starts at 4:00AM.**
- **You may be called to work a shift that ends at 2:00AM.**
- **You will be assigned to one terminal or terminal grouping.**
- **You will be assigned by seniority based on your bid sheet.**
- **You may be assigned to both traffic and seller shifts.**

Washington State Ferries operates numerous vessels on 8 different routes, 24 hours a day, seven days a week, 365 days a year, including holidays and weekends. The shift hours and days vary greatly. On-call employees are generally called to work a shift for an employee who has called in sick, or is otherwise unavailable on short notice.

As an on-call employee there are no guarantees for hours, shift locations, or advance notice for work assignments. WSF makes every effort to give on-call employees advance notice of assignments, but due to the “fill-in” nature of the work that is not always possible.

By your signature you understand the uncertain nature of being an on-call employee at WSF. You also understand the importance of being available for work when called.

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**Signature**

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**Date (Month/Day/Year)**

## Background Assessment Questionnaire

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- 1 Have you received discipline for performance related problems over the past ten years? YES  NO   
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
- 2 Have you received discipline for harassment, including sexual harassment? YES  NO   
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
- 3 Have you been disciplined for using illegal substances during work hours? YES  NO   
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
- 4 Have you received discipline for failure to meet attendance standards? YES  NO   
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
- 5 Have you received discipline for violating company policies or rules? YES  NO   
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
- 6 Washington State Ferries has a policy of a drug/alcohol free workplace. Are you able to work within a drug/  
alcohol free environment? YES  NO
- 7 Have you received discipline for an act of violence or aggression against a co-worker, supervisor or  
customer? If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
- 8 Have you received discipline for a violation of a safety rule or policy? YES  NO   
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
- 9 Have you received discipline for theft or misuse of company/organization property? YES  NO   
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
- 10 Have you ever been terminated or resigned in lieu of termination for any reason? YES  NO   
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
- 11 Have you ever been disciplined for using alcohol while on duty? YES  NO   
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
- 12 Have you ever been disciplined for being rude/discourteous to a customer? YES  NO   
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

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**Signature**

---

**Date (Month/Day/Year)**

## Willingness and Ability Assessment

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- 1 Are you dependable? YES  NO   
If no, please explain \_\_\_\_\_  
\_\_\_\_\_
- 2 Do you have any commitment or responsibility that would prevent you from reporting to work every assigned day? If yes, please explain YES  NO   
\_\_\_\_\_
- 3 Are you able / willing to perform all the duties of this position with or without reasonable accommodations? YES  NO   
If no, please explain \_\_\_\_\_
- 4 Are you willing to work with difficult people – both customers and (at times) co-workers? YES  NO   
If no, please explain \_\_\_\_\_
- 5 Are you willing to work in inclement weather? YES  NO   
If no, please explain \_\_\_\_\_
- 6 Are you willing to follow WSF's Policies, Rules and Procedures? YES  NO   
If no, please explain \_\_\_\_\_
- 7 Are you willing and able to give clear, responsible directions to the public? YES  NO   
If no, please explain \_\_\_\_\_
- 8 Are you willing and able to work cooperatively with other people? YES  NO   
If no, please explain \_\_\_\_\_
- 9 Are you willing to wear a uniform prescribed by WSF? YES  NO   
If no, please explain \_\_\_\_\_
- 10 Are you able to report for work on time? YES  NO   
If no, please explain \_\_\_\_\_
- 11 Are you willing to work unusual hours, weekend, holidays, etc.? YES  NO   
If no, please explain \_\_\_\_\_
- 12 Are you able to follow WSF safety rules? YES  NO   
If no, please explain \_\_\_\_\_
- 13 Do you have any reservations about your ability to meet all the requirements of the position you are seeking? If yes, please explain YES  NO   
\_\_\_\_\_
- 14 Do you have any other commitments or priorities that would preclude you from carrying out the duties of the position for which you are applying? If yes, please explain YES  NO   
\_\_\_\_\_

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**Signature**

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**Date (Month/Day/Year)**



# Veteran's Information

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1. **Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?**

YES                       NO

List campaign, expeditionary, or service medals received:

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2. **Did you serve in active duty prior to May 8, 1975?**

YES                       NO

3. **Were you discharged within the last eight years?**

YES                       NO

4. **Are you receiving a monthly retirement benefit?**

YES                       NO

5. **Are you a Vietnam-era veteran?**

YES                       NO

6. **Do you have a service-connected disability?**

YES                       NO

If yes, list percent of disability: \_\_\_\_\_

7. **Are you presently the spouse of a disabled veteran?**

YES                       NO

8. **Are you presently the surviving spouse of a deceased veteran who died from service-related activities?**

YES                       NO

List campaign, expeditionary, or service medals spouse received:

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9. **If you are a surviving spouse, have you remarried?**

YES                       NO

10. **Please give dates of your (or your spouse's) active military service**

	Date Entered	Branch	Date Separated
You	/ /		/ /
Your Spouse	/ /		/ /

**Please sign and date this sheet.**

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**Signature**

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**Date (Month/Day/Year)**