Application for Employment with Washington State Ferries

RETURN THE COMPLETED APPLICATION TO

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

Please review all questions carefully before preparing your application.

WSFSummerHiring@wsdot.wa.gov

POSITION (Job Title for which you are app ON-CALL TERMINA		,	st, First, ar	nd Middle In	nitial)		
MAILING ADDRESS (include apartment no	umber, if any)				SOCIAL SECURITY NUM	MBER (for identificat	ion only)
CITY	COUNTY	STAT	E	ZIP	PRIMARY TELEPHONE		
EMAIL ADDRESS					SECONDARY TELEPHO	DNE	
					()		
US COAST GUARD DOCUMEN MERCHANT MARINER DOCUM		ESSIONAL LIC	CENSE ((Please o	check the appropriate boxes)		
1. A/B Endorsement, Limi	ted/Unlimited (circ	cle what applie	s) 6.		Chief Engineer License		
2. Mate License			7.	<u></u> ι	Lifeboatman Endorsement		
3. Master License			8.		OS Endorsement		
4. Oiler Endorsement			9.		TWIC		
5. Assistant Engineer Lice	ense		10.		Other		
EDUCATION (Please check the	appropriate boxes)					
Vocational School with	out completing Hig	h School	6.		Some Graduate Work		
2. High School Graduate	or GED		7.	* N	MA./MS./M.S.W. or other Mas	ster Degree	
3. Vocational or Business	School		8.	*[] (Other Graduate Degree (Ph.D)./L.L.D./M.D./e	tc.)
4. Some College (two qua	arters or more) AA	degree	9.	П	Less than High School Gradu	ate	
5. ∗ College Graduate (BA	or BS degree) 4 Ye	ear College	*L	ist Major	•		
				_			
Are you a high school graduate	or have you passed	d a general ed	ucation o	developn	nent (GED) test?		
YES NO	If no, then what wa	s your highest	grade c	omplete	d:		
List post high school training, inc	dudina college, bus	einess school	military t	rainina	and other relevant education		
If more space is needed, attach		Siriess scriooi,	iiiiiiaiy i	rairiiriy,	and other relevant education.		
	Month and	Cred	its Earne	ed		Type of	Year
School Name and Location	Year Attended			Othe		Degree Awarded	Degree
	Attended	Quarter Se	mester	(Specif	fy)	Awarded	Received
1	From /						
2	To /						
	From /						
	10 /						
						–	
	been convicted of a g Yes will not autor				past then (10) years? loyment.)	Yes _	J No ∐
Will VISA	- or immigration stati	us prevent law	ful empl	oyment		Yes	No 🗌
How did you hear about this jo	ob? IBU	Online		Persona	I Reference Newspa	aper/Print [Job Fair

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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.

Present or Last Employer		Employer's Address	Employer's Phone Number			
. ,		Employer's Address			Employer's Priorie 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 S	Supervised
Specific Duties:	L					
2. Present or Last Employer		Employer's Address			Employer's Phone I	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 S	Supervised
Specific Duties:						
3. Present or Last Employer		Employer's Address			Employer's Phone I	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	1		Volunteer (Y/N)	No. of Employees S	Supervised
Specific Duties:						
Present or Last Employer		Employer's Address			Employer's Phone I	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		1	ı	Volunteer (Y/N)	No. of Employees S	Supervised
Specific Duties:				1	·	

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 <u>Social Security Number and Date of Birth</u>. 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 Fiv	e (5) Years (continue on separate she	et if needed)
	Dates	
	Dates	
	Dates	
District Notes	Out	
Driver's License Number	State	
To be accepted you must sign and date Electronic applications do not require a and complete.	e this sheet. a signature. When submitted electronically, y	ou are confirming that all information is true
Signature		Date (Month/Day/Year)

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What it means to be "On-Call" for the Terminal Department at Washington State Ferries

- 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.

To be accepted you must sign and date this sheet.

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)

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Background Assessment Questionnaire

1	Have you received discipline for performance related problems over the past ten years? If yes, please explain	YES 🗌	NO 🗌
2	Have you received discipline for harassment, including sexual harassment? If yes, please explain	YES 🗌	NO 🗌
3	Have you been disciplined for using illegal substances during work hours? If yes, please explain	YES 🗌	NO 🗌
4	Have you received discipline for failure to meet attendance standards? If yes, please explain	YES 🗌	NO 🗌
5	Have you received discipline for violating company policies or rules? If yes, please explain	YES 🗌	NO 🗌
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	YES 🗌	NO 🗌
8	Have you received discipline for a violation of a safety rule or policy? If yes, please explain	YES 🗌	NO 🗌
9	Have you received discipline for theft or misuse of company/organization property? If yes, please explain	YES 🗌	NO 🗌
10	Have you ever been terminated or resigned in lieu of termination for any reason? If yes, please explain	YES 🗌	NO 🗌
11	Have you ever been disciplined for using alcohol while on duty? If yes, please explain	YES 🗌	NO 🗌
12	Have you ever been disciplined for being rude/discourteous to a customer? If yes, please explain	YES	NO 🗌
Ele an	be accepted you must sign and date this sheet. ectronic applications do not require a signature. When submitted electronically, you are confirming that d complete. Granture Date (Month/I		n is true

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Willingness and Ability Assessment

Sig	gnature Date (Month/I	 Day/Year)	
Ele	be accepted you must sign and date this sheet. ectronic applications do not require a signature. When submitted electronically, you are confirming that d complete.	all information	n is true
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 🗌
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 🗌
12	Are you able to follow WSF safety rules? If no, please explain	YES 🗌	NO 🗌
11	Are you willing to work unusual hours, weekend, holidays, etc.? If no, please explain	YES 🗌	NO 🗌
10	Are you able to report for work on time? If no, please explain	YES 🗌	NO 🗌
9	Are you willing to wear a uniform prescribed by WSF? If no, please explain	YES 🗌	NO 🗌
8	Are you willing and able to work cooperatively with other people? If no, please explain	YES 🗌	NO 🗌
7	Are you willing and able to give clear, responsible directions to the public? If no, please explain	YES 🗌	NO 🗌
6	Are you willing to follow WSF's Policies, Rules and Procedures? If no, please explain	YES 🗌	NO 🗌
5	Are you willing to work in inclement weather? If no, please explain	YES 🗌	NO 🗌
4	Are you willing to work with difficult people – both customers and (at times) co-workers? If no, please explain	YES 🗌	NO 🗌
3	Are you able / willing to perform all the duties of this position with or without reasonable accommodations? If no, please explain	YES 🗌	NO 🗌
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 🗌
1	Are you dependable? If no, please explain	YES 🗌	NO 🗌

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Affirmative Action Information

Name (Last, First, Middle Initial)	Date of Birth		Social Security Number	
1. What race or culture do you consider yourself? Please check only one group. Black / African American (870) White / Caucasian (800) Asian or Pacific Islander (API) (If yes, check one box below): Chinese (605) Filipino (608) Hawaiian (635) Vietnamese (619) Indian (600) Japanese (611) Korean (612) Cambodian (604) Laotian (613) Guamanian (660) Indian (American) (597) Print or type the name of the enrolled or principal tribe:		2. Are you Male Female 3. Are you a veteran? Yes No Vietnam-era Veteran Disabled Veteran Percent of disability: 4. Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such working, caring for yourself, walking, doing things with you hands, seeing or hearing? Yes No		
Eskimo (935) Aleut (941) Spanish / Hispanic (if yes, check one box b Mexican, Mexican/American, Chicano Puerto Rican (727) Cuban (709) Other Spanish / Hispanic Print or type one group, such as Colo can, Nicaraguan, Spaniard: Other Race (if checked, print or type):	0 (722)	has lasted six amount of wor Yes Please sign and Electronic appl submitted electronic appl subm	physical, mental or other health condition that (6) or more month and which limits the kind or k you can do at a job? No d date this sheet. ications do not require a signature. When tronically, you are confirming that all true and complete.	
		Signature	Date	

Affirmative Action Definitions

American Indian or Alaskan Native. A person with origins in any of the original peoples of North American and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian or Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Island. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

Black/African/American. A person with origins in any of the Black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, persons with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means:

(a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled Veteran. A person entitled to disability compensation under laws administered by the US Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era Veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.

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Veteran's Information

1.	Have you served h	nonorably in the Ar	med F	orces of the Unite	ed States on active duty for	reasons other than training?
		YES		NO		
	List campaign, expe	editionary, or service	medal	s received:		
2.	Did you serve in a	ctive duty prior to I	May 8,	1975?		
		YES		NO		
3.	Were you dischar	ged within the last	eight y	ears?		
		YES		NO		
4.	Are you receiving	a monthly retireme	nt ben	efit?		
		YES		NO		
5.	Are you a Vietnam	-era veteran?				
		YES		NO		
6.	Do you have a ser	vice-connected dis	ability	?		
		YES		NO	If yes, list percent of disabil	ity:
7.	Are you presently	the spouse of a dis	sabled	veteran?		
		YES		NO		
8.	Are you presently	the surviving spou	ise of a	a deceased vetera	an who died from service-re	elated activities?
		YES		NO		
	List campaign, expe	editionary, or service	medal	s spouse received	l:	
9.	If you are a surviv	ing spouse, have y YES	ou rem	narried? NO		
		120		110		
10.	Please give dates	of your (or your sp	ouse's	s) active military s	service	
		Date Entered	I	Branch	Date Separated	
	You	/ /			/ /	
	Your Spouse	/ /			/ /	
Elec	se sign and date thi tronic applications complete.		gnature	e. When submitte	d electronically, you are co	nfirming that all information is true
					<u></u>	
Sign	nature				Date (Mont	h/Day/Year)

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