

SEAFOOD WHOLESALERS, INC.

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age or handicap.

This application will be given every consideration but its receipt does not imply that the applicant will be employed by our company. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. Please read and sign this application. Unsigned application will be considered incomplete.

PERSONAL INFORMATION				
Name:			Home Phone:	
Last	First	Middle		
Present Address:				
No.	Street	City	State	Zip
Social Security No:			Are you over 18?	
If you have lived at above address less than 12 months, list previous address:				
No.	Street	City	State	Zip
Have you worked or do you have work experience or education under a different name? If so, please list:				
Last	First	Middle		
Are you eligible to be employed in the U.S? <input type="checkbox"/> yes <input type="checkbox"/> No				
Have you ever been convicted of any criminal offense (excluding minor traffic violations)? <input type="checkbox"/> yes <input type="checkbox"/> no				
If yes, state the offense, location, date and disposition, and any other circumstances or rehabilitation. (A conviction record is not an automatic ban from employment. The nature of the crime will be considered in relation to the position for which you are applying.)				
WORK INTEREST				
Position applied for:	Shift preferred:	Minimum Salary:	Type of employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Other _____	Earliest Available date:
Have you ever filed an application with our company before? <input type="checkbox"/> yes <input type="checkbox"/> no			when?	Where?
Have you ever been interviewed by our company before? <input type="checkbox"/> yes <input type="checkbox"/> no			when?	Where?
Shifts & hours you can work: <input type="checkbox"/> 1 <sup>st</sup> shift _____ <input type="checkbox"/> 2 <sup>nd</sup> shift _____ <input type="checkbox"/> 3 <sup>rd</sup> shift _____				
Would you accept part time work? <input type="checkbox"/> yes <input type="checkbox"/> no		Would you accept temporary work? <input type="checkbox"/> yes <input type="checkbox"/> no		
Please indicate the hours you would be willing to work whenever scheduled or requested:				
Overtime <input type="checkbox"/> yes <input type="checkbox"/> no Weekends <input type="checkbox"/> yes <input type="checkbox"/> no Holidays <input type="checkbox"/> yes <input type="checkbox"/> no Rotation <input type="checkbox"/> yes <input type="checkbox"/> no				
Briefly state your reasons for interest in employment with our company or any other comments with regard to work interest.				
Do you have your own reliable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no			Are you currently employed? <input type="checkbox"/> yes <input type="checkbox"/> no	
May we inquire of your current employer?				

List names of employers in consecutive order with present or last employer listed first. Account for all periods, including military service. If self-employed, give first name and supply business references.  
**PLEASE GIVE BOTH MONTH AND YEAR.**

<b>WORK HISTORY</b>					
Name of Employer:			Dates Employed		
Address:			From:	Mo.      Yr.	
			To:	Mo.      Yr.	
Telephone:	Your Title:		Pay:	Starting \$	
Nature of Business:				Ending \$	
Name/Title of Supervisor:			Reason for Leaving:		
Duties:					
Name of Employer:			Dates Employed		
Address:			From:	Mo.      Yr.	
			To:	Mo.      Yr.	
Telephone:	Your Title:		Pay:	Starting \$	
Nature of Business:				Ending \$	
Name/Title of Supervisor:			Reason for Leaving:		
Duties:					
Name of Employer:			Dates Employed		
Address:			From:	Mo.      Yr.	
			To:	Mo.      Yr.	
Telephone:	Your Title:		Pay:	Starting \$	
Nature of Business:				Ending \$	
Name/Title of Supervisor:			Reason for Leaving:		
Duties:					

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Address:		From:	Mo.	Yr.
		To:	Mo.	Yr.
Telephone:	Your Title:	Pay:	Starting \$	
Nature of Business:			Ending \$	
Name/Title of Supervisor:		Reason for Leaving:		
Duties:				
Name of Employer:		Dates Employed		
Address:		From:	Mo.	Yr.
		To:	Mo.	Yr.
Telephone:	Your Title:	Pay:	Starting \$	
Nature of Business:			Ending \$	
Name/Title of Supervisor:		Reason for Leaving:		
Duties:				
Name of Employer:		Dates Employed		
Address:		From:	Mo.	Yr.
		To:	Mo.	Yr.
Telephone:	Your Title:	Pay:	Starting \$	
Nature of Business:			Ending \$	
Name/Title of Supervisor:		Reason for Leaving:		
Duties:				

Please explain all period of unemployment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been terminated from employment? \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever served in the military? \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Separated: \_\_\_\_\_  
 Final Rank: \_\_\_\_\_ Are you a member of a reserve organization? \_\_\_\_\_

EDUCATION						
List All Schools Attended	Name & Address of School	From Mo, Yr	To Mo, Yr	Graduated?	Degree of Type of Diploma	Major Course of Study
High School						
College/University						
College/University						
Graduate School						
Business/Technical						
If you have not graduated from high school, do you have a GED? Yes __ No __ No. of test _____ Date of test _____ Place taken _____						
If you went to college but did not graduate, how many credit hours needed for your degree? Associate ____ Bachelor ____						
List any scholarships, academic honors awards or special achievements:						
List languages which you speak proficiently:						

List languages which you read proficiently?

**CERTIFICATONS/LICENSES**

Type	Agency or State Issued	Date Issued	Number
1.			
2.			
3.			
4.			
Do you have a driver's license? ____yes ____no Driver's License#	Type:	State:	Expiration Date:

**PROFESSIONAL REFERENCES**

Name	Address	Phone	Occupation
1.			
2.			
3.			

<b>SPECIAL SKILLS</b>			
Office	Typing wpm:	Shorthand wpm:	Speed writing wpm:
Data Entry: __yes __no	10-Key: __yes __no	Calculator: __yes __no	Fax: __yes __no
COMPUTER	Hardware:	Software:	Other Computer Training:
List those skills and abilities (personal skills, qualities, work style, Interpersonal ability, communication, etc.) you feel particularly qualify you for a position with us:			

**TERMS AND CONDITIONS OF EMPLOYMENT**

**AFFIDAVIT:**

I certify that the answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and if employed would be cause for my termination. I further agree that the SEAFOOD WHOLESALERS, INC. shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire.

I authorize the companies, schools, or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools or persons from all liability for any damage for issuing this information.

I understand that I may be required to have a medical examination after an offer of employment has been made and prior to the commencement of my employment duties. A favorable result on the medical examination would be a condition of my employment.

I realize that operating conditions may require me to work shifts other than the one for which I am applying and I agree to such scheduling change as direct by my supervisor or the management.

I understand that my employment is not for a specified or definite term and that I may be discharged, or I may resign, at any time, for any reason with or without good cause and with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate officer. I understand that this is an application for employment and that no employment contract is being offered.

My employment shall be in accordance with the terms of (A) this application, (B) all safety and incident reporting rules, and all other Company rules and regulations and (C) any applicable labor agreements. The company shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in effect.

As a part of the application process, I have been provided with a list of requirements for the position of \_\_\_\_\_. I certify that I have received and understand each requirement and that I am capable of meeting each and every requirement.

SEAFOOD WHOLESALERS, INC. offers worker's compensation insurance coverage for work-related illness or injuries.

SEAFOOD WHOLESALERS, INC. ESTA cubierto por a seguridad de compensación al trabajador/a para protegerlo/la de daños causados por enfermedad o lesiones relacionados a su empleo.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_