

APPLICANT NAME _____ PHONE # _____
FIRST NAME LAST NAME AREA NUMBER
CODE



**PRE-EMPLOYMENT
APPLICATION**

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. 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.

APPLICATION

It is the policy of Quality Seafood, Inc. to provide employment opportunities without regard to race, color, religion, sex, national origin, age, veteran status or any disability, which is not job-related.

PERSONAL DATA

NAME: (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY # PHONE #

LIST ADDRESSES FOR THE PAST 10 YEARS, MOST CURRENT FIRST
(STREET) (APT) (CITY) (STATE) (ZIP)

DO YOU HAVE ANY PHYSICAL CONDITION THAT MAY REQUIRE SPECIAL MODIFICATION TO FACILITIES OR EQUIPMENT? IF YES, PLEASE EXPLAIN

YES NO

WOULD YOU AGREE TO TAKE A POST-OFFER PHYSICAL EXAMINATION AT THE COMPANY'S EXPENSE? YES NO

ARE YOU OVER THE AGE OF 18? DO YOU POSSESS THE LEGAL RIGHT TO WORK IN THE UNITED STATES? (PROOF OF CITIZENSHIP OR IMMIGRATION WILL BE REQUIRED UPON EMPLOYMENT) YES NO

YES NO

YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? IF YES, PLEASE EXPLAIN

YES NO

HOW WERE YOU REFERRED TO QUALITY SEAFOOD? (Ad, Walk-in, Employee, Government Agency, Online) ARE YOU WILLING TO TRAVEL? ARE YOU WILLING TO RELOCATE?

YES NO

YES NO

ARE YOU WILLING TO WORK PART TIME? ARE YOU WILLING TO WORK EVENINGS? ARE YOU WILLING TO WORK WEEKENDS? POSITION APPLIED FOR:

YES NO

YES NO

YES NO

HAVE YOU EVER USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN THE ONES LISTED ABOVE? IF YES, PLEASE LIST HAVE YOU SERVED IN THE MILITARY?

YES NO

YES NO

IF YES, STATE THE TYPE OF DISCHARGE RECEIVED.

WERE YOU PREVIOUSLY EMPLOYED BY QUALITY SEAFOOD? IF YES, STATE DATE AND POSITION. HOW MANY DAYS HAVE YOU BEEN ABSENT FROM WORK IN THE LAST 12 MONTHS FOR ANY REASON? (excluding holidays and vacations)

YES NO

(excluding holidays and vacations)

HAVE YOU EVER BEEN TREATED FOR A GAMBLING RELATED PROBLEM? IF YES, PLEASE EXPLAIN.

YES NO

EDUCATION

NAME OF SCHOOL LOCATION DID YOU GRADUATE? IF SO, WHAT YEAR? MAJOR COURSE OF STUDY DEGREE (TYPE) (DATE)

HIGH SCHOOL

COLLEGE

SPECIAL SCHOOLING/TRAINING

SKILLS AND LICENSES

VALID DRIVERS LICENSE? STATE: DRIVERS LICENSE #
 YES NO

OTHER SKILLS/LICENSES/CERTIFICATES:

IN WHICH FOREIGN LANGUAGES DO YOU HAVE SKILLS?

HONORS/AWARDS:

SPEAK READ WRITE TYPE DATE

PROFESSIONAL SOCIETY AFFILIATIONS:

BUSINESS MACHINES YOU CAN OPERATE:

EMPLOYMENT

List all previous employers from most recent. Explain any lapses between times when employed.

DATES (Mo. & Yr.) FROM	EMPLOYER NAME	DUTIES	BASE SALARY START
	ADDRESS		_____ PER _____
TO	CITY AND STATE		ENDING
	CO. TELEPHONE		_____ PER _____
	SUPERVISOR	REASON FOR LEAVING	MAY WE CONTACT? YES NO

COMMENTS REGARDING LAPSE IN EMPLOYMENT, IF ANY.

DATES (Mo. & Yr.) FROM	EMPLOYER NAME	DUTIES	BASE SALARY START
	ADDRESS		_____ PER _____
TO	CITY AND STATE		ENDING
	CO. TELEPHONE		_____ PER _____
	SUPERVISOR	REASON FOR LEAVING	MAY WE CONTACT? YES NO

COMMENTS REGARDING LAPSE IN EMPLOYMENT, IF ANY.

DATES (Mo. & Yr.) FROM	EMPLOYER NAME	DUTIES	BASE SALARY START
	ADDRESS		_____ PER _____
TO	CITY AND STATE		ENDING
	CO. TELEPHONE		_____ PER _____
	SUPERVISOR	REASON FOR LEAVING	MAY WE CONTACT? YES NO

COMMENTS REGARDING LAPSE IN EMPLOYMENT, IF ANY.

WITHIN THE LAST FIVE YEARS HAVE YOU:

QUIT A JOB TO AVOID BEING FIRED? BEEN SUBJECT TO ANY DISCIPLINARY ACTION BY AN EMPLOYER? QUIT A JOB WITHOUT GIVING NOTICE?

YES NO

YES NO

YES NO

**LEFT A JOB BECAUSE OF A
PERSONALITY CONFLICT?**

**BEEEN TALKED TO BY A BOSS
ABOUT CONDUCT?**

**BEEEN CAUTIONED ABOUT
LATENESS OR ABSENCE?**

**HAD ANY OTHER TYPE OF
DIFFICULTY ON A JOB?**

YES NO

YES NO

YES NO

YES NO

EXPLAIN FULLY ANY "YES" ANSWERS ABOVE:

**PERSON TO BE NOTIFIED IN
CASE OF EMERGENCY:**

(NAME)

(ADDRESS)

(PHONE)

(RELATIONSHIP)

CONDITIONS OF EMPLOYMENT

I, the undersigned, state that all information given to me in this application is true and to the best of my knowledge. I authorize Quality Seafood, Inc. (herein called the Company) to verify such information and contact any reference given by me. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment or termination of benefits. I authorize the Company and/or its agents including consumer-reporting bureaus to verify any of this information including, but not limited to criminal history and motor vehicle driving records. I understand that my employment is contingent upon a satisfactory report from this background investigation. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, school, companies and law enforcement agencies from any liability for any damage whatsoever for issuing this information. A telephone facsimile or a photographic copy of the authorization shall be as valid as the original. According to the Fair Credit Reporting Act, I am entitled to know if insurance or employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. I will be so advised, and be given the name of the reporting agency or source of information. Should I be employed by the company, I agree that:

1. My employment shall be in accordance with the terms of (a) this application, (b) Company policies and procedures any amendments thereto. The Company shall have the right to amend, modify, or revoke its policies and procedures at any time. I will familiarize myself with such policies and procedures now or hereafter in effect.
2. My employment may be terminated by the Company at any time without advance notice, its only obligation being to pay wages or salary earned by me to date of termination. Without limitation, failure to abide by Company policies and procedures, failure to pass any Company physical examination and the falsification of any information given by me in this application will entitle the Company to terminate my employment.
3. The use of illegal drugs is prohibited during employment. If Company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
4. The Company shall have the right to furnish to others information concerning my employment record with the Company, including information contained in this application.
5. I agree to not disclose any of the Company's trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential or restricted information in any fashion during my employment or after my employment with the Company is terminated.

Dated: _____ 20 _____

Signature of Applicant

We appreciate your interest in Quality Seafood and the time you have taken to prepare this application.