

United Shellfish Company, Inc.

APPLICATION FOR EMPLOYMENT

United Shellfish Co., Inc. is an equal opportunity employer. This application for employment has been designed to comply with the State & Federal fair employment practice laws prohibiting employment discrimination.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency
 Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone () _____ Social-Security Number _____ - _____ - _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

List any friends or relatives working for us _____
Name

Name

Are you employed now? Yes No May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work Full Time Part Time Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if job requires it? Yes No

Have you been convicted of a felony within the last 7 years? No Yes
(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain _____

EDUCATION

	Elementary					High				College/University				Graduate/Professional			
School Name and Location																	
Years Completed/Degree	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study:																	
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities																	

Honors Received: State any additional information you feel may be helpful to us in considering your application.

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes _____ No _____ If Yes, what branch? _____
 Dates of duty: From _____ to _____ Rank at Discharge _____
Month/Day/Year Month/Day/Year

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name	Address	Phone #	Yrs. Acquainted
1.			
2.			
3.			

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any work for which you are being considered? _____ Yes _____ No

If yes, what can be done to accommodate your limitation? _____

Please Describe _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military assignments.

1	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
Supervisor					
Reason for Leaving					
2	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
Supervisor					
Reason for Leaving					
3	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
Supervisor					
Reason for Leaving					
4	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
Supervisor					
Reason for Leaving					

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience. _____

RECHECK THIS APPLICATION AND READ THIS STATEMENT CAREFULLY BEFORE SIGNING.

I authorize the Company to investigate all statements contained in this application. I understand that falsification of information contained herein will result in cancellation of this application and, if already employed, shall be sufficient reason for dismissal. I hereby release anyone supplying information to the company (including but not limited to prior employers) in the course of its investigating this application from any liability whatsoever.

If offered employment by the Company, I agree to conform to all rules and regulations of the Company, which I recognize may be changed without prior notice. I hereby consent to the inspection at any time by Company officials of any property in my possession on Company premises, and consent to submit to any physical tests upon the request of a company official, at Company expense, to reveal the presence of alcohol or drugs in my system (or upon failure to submit to any such test, to be terminated immediately).

I understand that if I am accepted for employment by the Company, my employment will not result in or be subject to a contract of employment. I recognize and agree notwithstanding any provisions in the Company's Personnel Rules and Regulations that the Company may terminate my employment at any time, with or without notice, with or without cause, at its option, and that I may resign my employment at any time, with or without notice, with or without cause, at my option. I further understand that no supervisor or other official of the Company (except its Chief Executive Officer in writing) has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement contrary to the foregoing.

Applicant