



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, religion, or veteran status.

Please return completed application and if desired; copies of resume, references, licenses and/or certificates to:
 ALASKAN LEADER FISHERIES
 ATTN: Recruiting Department
 4215 21st Ave. Suite 200
 Seattle, WA 98199
 Phone: (206) 965-1881 Fax: (206) 965-1888
 employment@alaskanleader.com

NOTE: Please fill out application completely. If application is submitted incomplete, it will not be considered for review.

PERSONAL

First	Middle	Last	Date
Street Address			Cell Phone
City, State, Zip Code			Secondary Phone
E-Mail Address			Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No; <i>If No, employment eligibility begins at age 18.</i>

GENERAL

How did you hear about us?	Referred By:
Have you ever applied for employment with us in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes; Month & Year _____	Have you ever worked for ALF in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes; When? _____ Which Vessel: _____
Position Desired:	Pay Expected:
Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	Date you can start:
Are you physically able to work a 16+ hour shift daily and lift 50+ lbs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work on a vessel for 90+ consecutive days? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you served in the US military? <input type="checkbox"/> No <input type="checkbox"/> Yes; Branch: _____ Dates of service: _____	Do you currently have any military obligations: <input type="checkbox"/> No <input type="checkbox"/> Yes; please explain

INDUSTRY SPECIFIC

1. Have you ever worked on a Boat/Vessel/Ship before? <input type="checkbox"/> No <input type="checkbox"/> Yes; provide details below			
2. <u>Check Vessel Experience</u>	<u>Date Employed</u>	<u>Time spent on boat</u>	<u>Describe experience/duties</u>
<input type="checkbox"/> Factory Trawler	Dates _____	Total sea time _____	Duties _____
<input type="checkbox"/> Stern Trawler	Dates _____	Total sea time _____	Duties _____
<input type="checkbox"/> Processor (Any type)	Dates _____	Total sea time _____	Duties _____
<input type="checkbox"/> Crabber (Any type)	Dates _____	Total sea time _____	Duties _____
<input type="checkbox"/> Long-Liner (Any type)	Dates _____	Total sea time _____	Duties _____
<input type="checkbox"/> Other Describe Type)	Dates _____	Total sea time _____	Duties _____
3. Have you ever worked in a fish processing plant? <input type="checkbox"/> No <input type="checkbox"/> Yes; when/where? _____			
4. Provide details of any longlining experience: _____			

NOTE: Please provide complete employment records. Start with your present or most recent employer. Account for ALL periods covering the past FIVE years, attach additional sheets if necessary.

EMPLOYMENT

1. Company Name	Telephone
Address	Employment Dates: (month & year) From: To:
Job Title	Name of Supervisor
Description of Work Duties	Reason for Leaving
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No; please explain:	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No; Why not?
2. Company Name	Telephone
Address	Employment Dates: (month & year) From: To:
Job Title	Name of Supervisor
Description of Work Duties	Reason for Leaving
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No; please explain:	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No; Why not?
3. Company Name	Telephone
Address	Employment Dates: (month & year) From: To:
Job Title	Name of Supervisor
Description of Work Duties	Reason for Leaving
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No; please explain:	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No; Why not?
4. Company Name	Telephone
Address	Employment Dates: (month & year) From: To:
Job Title	Name of Supervisor
Description of Work Duties	Reason for Leaving
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No; please explain:	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No; Why not?
List any additional training, skills, certificates etc.:	

I certify that the above information is true and complete to the best of my knowledge. I authorize Alaskan Leader Fisheries to investigate and verify any statement contained in this application, as necessary to determine my qualifications. I understand that any false or misleading information I provided in this application or interview(s) may result in immediate termination of employment, I understand that this application does not and is not intended to create an employment contract or agreement of any kind. I understand that if employed, I am to abide by all rules, regulations and policies of Alaskan Leader Fisheries.

X _____ (Signature) _____ (Date)

Did you complete this application yourself? Yes No; Who did?