



American Seafoods Co.

2025 First Ave., Suite 900 • Seattle, Washington 98121

PRE-EMPLOYMENT APPLICATION

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME _____ SOCIAL SECURITY # _____

LAST FIRST MIDDLE

PRESENT ADDRESS _____

STREET CITY STATE ZIP

PERMANENT ADDRESS _____

STREET CITY STATE ZIP

PHONE NO. MESSAGE NO. ARE YOU 18 YEARS OR OLDER YES NO

A. Do you have a legal right to work in the United States? Yes No
B. If you are hired, will you be able to present documents to verify your identity and eligibility to work in the United States, as outlined in the attached notice? Yes No

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EMPLOYMENT HISTORY LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

NAME OF EMPLOYER	TELEPHONE	NAME OF SUPERVISOR
STREET ADDRESS	JOB TITLE AND DUTIES	
CITY, STATE, ZIP		
DATE OF EMPLOYMENT	REASON FOR LEAVING	
FROM TO		
NAME OF EMPLOYER	TELEPHONE	NAME OF SUPERVISOR
STREET ADDRESS	JOB TITLE AND DUTIES	
CITY, STATE, ZIP		
DATE OF EMPLOYMENT	REASON FOR LEAVING	
FROM TO		
NAME OF EMPLOYER	TELEPHONE	NAME OF SUPERVISOR
STREET ADDRESS	JOB TITLE AND DUTIES	
CITY, STATE, ZIP		
DATE OF EMPLOYMENT	REASON FOR LEAVING	
FROM TO		

NAME OF EMPLOYER	TELEPHONE	NAME OF SUPERVISOR
STREET ADDRESS	JOB TITLE AND DUTIES	
CITY, STATE, ZIP		
DATE OF EMPLOYMENT FROM _____ TO _____	REASON FOR LEAVING	

EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	DATES <small>(Optional)</small>	DEGREE/DIPLOMA
HIGH SCHOOL				
VOCATIONAL, TRADE OR COMMERCIAL				
COLLEGE				

During the past seven years, have you been convicted of, or released from prison for any offense, including DWI?
(Prior convictions will not necessarily bar applicants from employment) Yes No

If yes, please explain: _____

PLEASE READ CAREFULLY AND SIGN BELOW:

1. Successful completion of a pre-employment drug test is a condition for initial employment. The employer reserves the right to require additional drug or alcohol testing from time to time at its discretion during the course of employment. The use or possession of any alcoholic beverage, illegal drugs, or firearms is prohibited on board any vessel managed by American Seafoods Company.

2. This form acts as both a pre-employment application and consent form. Your signature will authorize a drug testing facility to release all test results to A.S.C. All information will be held in strictest confidence to the extent possible.

3. I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, false, misleading or incomplete statements on this application shall be grounds for dismissal.

4. I authorize all persons and organizations that may have information relevant to this application to disclose such information to **American Seafoods Company** or its authorized agents. I hereby release American Seafoods Company, its authorized agents, and all persons and organizations providing information concerning my previous employment or other relevant information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

5. I understand and agree that if hired, my employment may be terminated at-will at any time with or without notice by my resignation or by the company's decision to discharge me. I further understand and agree that my status as an at-will employee cannot be changed, except by a written agreement, signed by me and by American Seafoods Company.

DATE

SIGNATURE

IN CASE OF EMERGENCY NOTIFY:

NAME

RELATIONSHIP

ADDRESS

PHONE

Application Procedure

Once you have completed your application, you have several options for submitting the finished application. You may submit the application in person at our office, mail it to us, or fax it to us (see below for address and fax number).

**2025 1st Avenue, Suite 900
Seattle, WA 98121**

Fax: 206 448-4867

Application Data Record

Qualified applicants are evaluated without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or other protected classification under applicable Federal, State, or local law.

Please complete this voluntary Application Data Record to help us comply with government record keeping reporting and other legal requirements.

This Data is for periodic government reporting. This page will be detached and will be kept in a Confidential File separate from the Application for Employment.

Position applied for: Processor or Other _____ Date _____

Referral Source Advertisement Relative or Friend Internet or e-mail

Agency _____ Employee referral _____
(Name) (Name)

Name _____			Phone () _____	
First	Middle	Last	Area Code	Number
Address _____				
Number	Street	Apartment		
City		State	Zip code	County

EEO Survey

This data is used for analysis and EEO reporting only.

Check one for your gender: Male Female

Check one of the following for your Ethnic or Racial Group

- Hispanic or Latino ethnic (any race)
- White (Europe, Middle East, or North Africa)
- Black or African American (Africa)
- Native Hawaiian or Other Pacific Islander (Hawaii, Guam, Samoa, or other Pacific islands)
- Asian (Far East, Southeast Asia or Indian Subcontinent)
- American Indian or Alaska Native (original peoples of North, Central, and South America)
- Two or More Races