

EMPLOYMENT EXPERIENCE <i>Please account for all periods of employment including U.S. military service.</i>			May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRESENT OR LAST EMPLOYER (Company Name)	PHONE ()	HIRE DATE	JOB TITLE	STARTING PAY
ADDRESS		DATE LEFT	SUPERVISOR	FINAL PAY
JOB DUTIES	REASON FOR LEAVING			
PRESENT OR LAST EMPLOYER (Company Name)	PHONE ()	HIRE DATE	JOB TITLE	STARTING PAY
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JOB DUTIES	REASON FOR LEAVING			

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

1. I authorize the investigation of all matters which Signature Seafoods deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and i release from all liability any persons (such as former supervisors) or employee supplying it. I also release you from all liability which might result from making the investigation.
2. I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statement or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered.
3. I understand and agree that if I am offered and accept a position, I may resign or be terminated, with or without cause or notice, at any time.
4. I agree to conform to all existing and future Signature Seafoods policies and rules and I understand that such

policies and rules may be changed, interpreted, withdrawn, or added to as the company deems appropriate. I also understand that Signature Seafoods reserves the right to change wages, hours of work and working conditions as deemed necessary.

5. I understand that I may be required to submit to pre- or post-employment urinalysis and/or blood tests for the presence of drugs or alcohol and to post conditional offer physical testing to perform the essential functions of the job. I agree to such testing at Signature Seafoods expense. I authorize release of the results to Signature Seafoods and its use to evaluate my suitability for employments, and I release Signature Seafoods from any and all liability incident to the testing.

6. I have read each of the above statements. I have also reviewed all of the information I provided in this application and in any attachments or supporting documents.

Signature _____ Date _____

FOR OFFICE USE ONLY

GROUP INTERVIEW ___/___/___	REFERENCE CHECKS ___/___/___	CONDITIONAL OFFER OF EMPLOYMENT ___/___/___	MEDICAL HISTORY ___/___/___
INDIVIDUAL INTERVIEW ___/___/___	PRE-EMPLOYMENT DRUG TEST ___/___/___		PHYSICAL ___/___/___

COMMENTS: _____

The information contained on this form is confidential and is to be used only after a "Conditional Job Offer" has been made.

Criminal History Report Procurement Authorization

For Company Use Only

Company: SIGNATURE SEAFOODS

Date: _____

Company Representative: ROSE SNIDER

Company Representative Contact Number: 206-285-2815

Applicant Name:

Last First Middle

Applicant Maiden Name/Alias (list all): _____

Social Security # _____ - _____ - _____ Drivers License# _____ State _____

Date of Birth: _____ - _____ - _____ Place of Birth _____

Height Weight Hair Color Eye Color Race Sex (M/F)

Have you been convicted of a felony? ____ Yes ____ No If yes, please give:

Please note: Admittance of felony convictions does not automatically disqualify employment.

DATE COUNTY STATE CRIME

Current Phone/Pager Current Street Address City State County

() _____

List below addresses at which you have lived in the past seven years, with dates:

From To Previous Street Address City State County

The undersigned, in connection with an application for employment, hereby authorizes the procurement of an investigative report. This authorizes any law enforcement or judicial agency, corporation, company or others to provide relevant information they may have on the applicant to Background Checks, Inc. This further releases all parties providing information from any and all liabilities or responsibility for doing so. The undersigned hereby acknowledges that they read or have had read to them this authorization and they understand it. A copy of this authorization has the same authority as the original.

Signature Date

**NOTICE TO APPLICANTS/EMPLOYEE'S REGARDING CONSUMER
REPORTS**

A consumer report and/or an investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with the company. A consumer report containing injury and illness records and medical information may be obtained after a tentative or conditional offer of employment has been made. Upon timely written request to the Personnel Department of the Company, and within five (5) days of the request, the name, address and phone number of the reporting agency and the nature and scope of the consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

**CONSENT TO OBTAINING CONSUMER REPORTS
READ CAREFULLY BEFORE SIGNING**

1. I have read the above "Notice to applicants/employee's regarding consumer reports" and hereby authorize the company to obtain consumer reports and/or Investigative consumer reports as described.
2. I understand that I have the right to make a written request within a reasonable amount of time to receive additional, detailed information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address and telephone number of the consumer reporting agency.
3. I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, departments of motor vehicles, public agency, financial institutions, or any other person or agency having knowledge of me to submit information or opinions about myself, including data received from other sources, in order that my employment qualifications may be evaluated. I hold said persons and/or organizations blameless and without liability for statements or opinions made regarding my character, experience or qualifications.

By my signature below, I acknowledge that I read and understand all the above statements.

SIGNATURE

DATE

PRINT NAME