

APPLICATION FOR EMPLOYMENT



To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, or the presence of a non-job related medical condition or handicap.

(PLEASE PRINT)

Position(s) Applied For _____	Date of Application _____
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How Did You Learn About Us?

Advertisement - *Publication Name/Date* _____
 Friend
 Inquiry
 Referral - *Employee Name* _____
 Other _____

Do you have any experience in Food Preparation, Retail, or Warehouse Yes No

If yes, specify _____

Last Name _____	First Name _____	Middle Name _____
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Address _____	Number _____	Street _____	City _____	State _____	Zip Code _____
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Telephone Number(s) _____	Email Address _____	Social Security Number _____
Emergency Contact: Name _____ Phone _____		

Best time to contact you at home is: _____: _____ AM / PM

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Have you ever filled out an application with Adelphia Seafood before? Yes No

If Yes, give date ____ / ____ / ____

Have you ever been employed with Adelphia Seafood before? Yes No

If Yes, give date ____ / ____ / ____

Do any of your friends or relatives, other than spouse, work here? Yes No

If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Date available for work ____ / ____ / ____ What is your desired salary range? _____

Are you available to work: Full Time

Part Time (Please indicate Mornings Afternoon Evenings)

Are you currently on "lay-off" status and subject to recall? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed	
	From	To		
Address				
Telephone Number(s)	Hourly Rate/ Salary			
Starting/Present Job Title	Starting	Final		
Supervisor				
Reason for Leaving				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed			Work Performed
	From	To		
Address				
Telephone Number(s)	Hourly Rate/ Salary			
Starting/Present Job Title	Starting	Final		
Supervisor				
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Work Performed	
	From	To		
Address				
Telephone Number(s)	Hourly Rate/ Salary			
Starting/Present Job Title	Starting	Final		
Supervisor				
Reason for Leaving				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra circular activities.

ADDITIONAL INFORMATION

Other Qualifications: *Summarize special job-related skills and qualifications acquired from employment or other experience.*

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

PERSONAL/ PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed forty-five days. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

Please note that Applications for Employment received from potential employees via electronic mail must be authorized with an original signature during the interview process.

Start Date _____ / _____ / _____

Starting Salary \$ _____ . _____

Dept _____

Supervisor Initials _____