



2010 PRE-EMPLOYMENT APPLICATION



Allen Marine Tours

allenmarinetours.com

PO Box 1049
Sitka, AK 99835

Phone: 907.747.8100 | Fax: 907.747.4819

Please attach a resume if available

Date: _____
(mm/dd/yy)

Position Applying 1st Choice: 2nd Choice:	Type of Employment Desired (please check) Full Time Part Time If part time, list dates avail:
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Are you available for work the entire season, mid-April - October? (if no, please list dates available)	YES	NO
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Last Name	First Name	Middle Initial(s)
Address (Street or P.O. Box, City, State, Zip Code)		
Email Address:	Preferred contact method?	
Social Security Number (optional)	Phone Number (home)	(Business or Messages)

All applicants hired must participate in a pre-employment and random drug test screening program.		
Are you currently enrolled in a USCG or DOT program?	YES	NO
Are you legally entitled to work in the United States?	YES	NO
Will you be at least 18 years of age by May 1, 2009?	YES	NO
Do you have a current driver's license?	YES	NO
if yes, please indicate the state of issue and the number:		
Have you ever been convicted of a felony crime?	YES	NO
if yes, please explain in detail:		

Name of School, City and State	Degree Received	Major	GPA

Are you currently attending school?	YES	NO
Which foreign language do you speak fluently?	Partially?	

Skills
List skills such as computer, equipment, operations, trade skills, licenses, etc. Attach another sheet if necessary.

Employment History (list present or most recent positions first)

1. Previous Employer		Address	
Type of Business	Phone Number	Department	Your Position
Duties:			
Name and position of Immediate Supervisor		Supervisor's Email Address	Supervisor's Phone Number
Date Employed (Mo, Yr)	Date Left (Mo, Yr)	Starting Salary	Final Salary
Reason for Leaving:			
2. Previous Employer		Address	
Type of Business	Phone Number	Department	Your Position
Duties:			
Name and position of Immediate Supervisor		Supervisor's Email Address	Supervisor's Phone Number
Date Employed (Mo, Yr)	Date Left (Mo, Yr)	Starting Salary	Final Salary
Reason for Leaving:			
3. Previous Employer		Address	
Type of Business	Phone Number	Department	Your Position
Duties:			
Name and position of Immediate Supervisor		Supervisor's Email Address	Supervisor's Phone Number
Date Employed (Mo, Yr)	Date Left (Mo, Yr)	Starting Salary	Final Salary
Reason for Leaving:			

May we ask your present employer for a reference?

YES

NO

References / Previous Supervisors		
Name	Occupation	Address, Phone Number, and/or Email Address

Do you know anyone working for Allen Marine?

Do you have any Sea Time not detailed above? If yes, please describe vessel type and duties below:	YES	NO

Please Read Carefully

I hereby certify that to the best of my knowledge and belief the answers given by me to the forgoing questions and all statements made by me in the application are correct.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for any term of employment or for the providing of any benefit.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. I UNDERSTAND THAT ALLEN MARINE IS AN 'AT-WILL' EMPLOYER AND ANY EMPLOYMENT IS VOLUNTARILY ENTERED INTO AT THE MUTUAL CONSENT OF THE EMPLOYEE AND THE COMPANY. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINED PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

This application form complies with all Human Rights Legislation. This application shall be considered active for sixty (60) days.

I understand that the Company promotes a drug-free working environment and that I will as a condition of employment or continued employment, be required to pass a drug screen and be enrolled into the random drug test pool. I also understand that my employment may be denied or terminated for unfavorable results of such examination or testing.

Date: _____
(mm/dd/yy)

Name: _____