

An Equal Opportunity Employer and a Drug-Free Workplace

<b>1. Print Name:</b>			
	Last	First	Middle
<b>2. Current Address:</b>			
	Number & Street Name	Apartment Number	
	City	County	State
<b>3. Personal Phone:</b>			
	Area Code and Number	<b>Business Phone:</b>	Area Code and Number
<b>4. Previous Residence:</b>			
	Number & Street Name	Apartment Number	
	City	County	State
			Zip Code

All applications and/or resumes *must* be submitted to the Office of Employee Services or postmarked by the advertised closing date, *no exceptions*. Applications and/or resumes are accepted only for positions that are posted (open for recruitment).

**READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE APPLICATION BELOW**

I hereby certify that all statements made in this application and attached resume if included, are true. I understand that any misstatement, misrepresentation material omission or falsification of facts shall cause forfeiture of all rights to employment service with Hyman's Seafood. I understand that after a conditional offer of employment service, the following tests may be required as a condition of employment, drug screen, medical evaluation, background check, driver's license records check, credit report, criminal history check and a physical demonstration of job-related skills.

If accepted for employment service I agree to abide by and comply with all rules, regulations, policies and procedures of. I understand that my employment with the Hymans is at-will, that I have the right to terminate my employment at any time with or without cause, and that the Hymans has the same right.

**Date Signed**

**Applicant's Signature - In Ink**

<b>5. Type of Employment Service Sought</b> (check all that apply):					
<input type="checkbox"/> FULL TIME		<input type="checkbox"/> PART TIME		<input type="checkbox"/> HOURS AVAILABLE _____	
If a job requirement, you will work:					
<input type="checkbox"/> Saturday		<input type="checkbox"/> Sunday		<input type="checkbox"/> Holidays	
<input type="checkbox"/> Nights		<input type="checkbox"/> Various Shifts		<input type="checkbox"/> Other	
Date available for work/service: _____				<b>Desired Position:</b> _____	
<b>6. Education and Training</b> (include seminars, workshop, conferences and On-the-Job training):					
<i>To receive credit for college course work or vocational training, it is necessary that you supply quarter/semester or class hours earned in addition to dates attended. You may be required to submit college transcripts or list of courses successfully completed.</i>					
	<b>School/Location/Sponsor</b>	<b>Course of Study</b>	<b>Degree or Certificate</b>		<b>Date Obtained</b>
High School/GED			YES	NO	
Technical/Trade/Vocational School					
College/University					

**YOU MUST COMPLETE THE WORK HISTORY SECTION OF THIS APPLICATION.** List your most recent employer first. If currently unemployed, leave present employer section of this application blank. **Include any unpaid work experience as well as military service.** If you held more than one position with the same employer, list each position separately. You must account for all periods of time for at least the last ten (10) years. If desired, include a resume or additional pages, which will help, clarify your work experience. If a resume is attached, be sure that month/year for each employment is reflected on the resume and coincides with the Work History section of this application. If additional space is needed put the information in Item 29, page 6.

**13. Present Employer:** \_\_\_\_\_  
 Business Name

Business Address: \_\_\_\_\_  
 City, State & Zip Code

Phone No: \_\_\_\_\_ Number You Supervised: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties in Detail: \_\_\_\_\_

May we contact employer?  Yes  No

From: \_\_\_\_\_  
 Month, Day & Year

To: \_\_\_\_\_  
 Month, Day & Year  
 Full Time  Part Time

Number of hours worked per week: \_\_\_\_\_

Last Salary: \_\_\_\_\_ Per/\_\_\_\_\_

**14. Past Employer:** \_\_\_\_\_  
 Business Name

Business Address: \_\_\_\_\_  
 City, State & Zip Code

Phone No. \_\_\_\_\_ Number You Supervised: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties in Detail: \_\_\_\_\_

May we contact employer?  Yes  No

From: \_\_\_\_\_  
 Month, Day & Year

To: \_\_\_\_\_  
 Month, Day & Year  
 Full Time  Part Time

Number of hours worked per week: \_\_\_\_\_

Last Salary: \_\_\_\_\_ Per/\_\_\_\_\_

**15. Past Employer:** \_\_\_\_\_  
 Business Name

Business Address: \_\_\_\_\_  
 City, State & Zip Code

Phone No. \_\_\_\_\_ Number You Supervised: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties in Detail: \_\_\_\_\_

May we contact employer?  Yes  No

From: \_\_\_\_\_  
 Month, Day & Year

To: \_\_\_\_\_  
 Month, Day & Year  
 Full Time  Part Time

Number of hours worked per week: \_\_\_\_\_

Last Salary: \_\_\_\_\_ Per/\_\_\_\_\_

**16.** Have you ever been convicted, plead guilty or no contest to any criminal violation of law, including criminal traffic offences? (A conviction does not automatically mean you cannot be hired. Provide all the facts.) Yes\_\_\_\_ (Please explain) No\_\_\_\_

\_\_\_\_\_