



Please print clearly and answer all questions fully.  
Applications will expire after 6 months.

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, sexual orientation, pregnancy, citizenship, ancestry, national origin, age, marital or veteran status, disability or medical condition or any other legally protected status.

### POSITION/REFERRAL INFORMATION

Position(s) Applied For: _____	Date of Application: _____
How did you hear about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend: Name: _____ Location: _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative: Name: _____ Location: _____
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other: _____

### PERSONAL INFORMATION

Last Name: _____	First Name: _____	Middle Initial: _____
Street Address: _____	City, State: _____	ZIP: _____
Telephone: ( ) _____	Cell Phone: ( ) _____	SSN:        -        -

Best time to contact you at home is: \_\_\_\_\_ : \_\_\_\_\_ AM  
 \_\_\_\_\_ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?  YES  NO

Have you ever filed an application with us before?  YES  NO      If yes, when and where? \_\_\_\_\_

Have you ever been employed by us before?  YES  NO      If yes, when and where? \_\_\_\_\_

Are you currently employed?  YES  NO

May we contact your present employer?  YES  NO

In the last two years, how many days of work have you missed? Year: \_\_\_\_\_ Number of Days: \_\_\_\_\_ Year: \_\_\_\_\_ Number of Days: \_\_\_\_\_  
 (Do not include time off due to work-related injury, protected leave of absence, paid holidays, vacation, or civic obligations such as jury duty.)

If offered employment, can you provide proof of eligibility to work in the United States?  YES  NO

Do you have a reliable means of transportation to get to work?  YES  NO

Date available for work: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

What is your desired salary range: \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodations?  YES  NO

What accommodation(s), if any, are needed:  
 \_\_\_\_\_  
 \_\_\_\_\_

Work Availability: (Mark all that apply)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<input type="checkbox"/> Full Time							
<input type="checkbox"/> Part Time							
<input type="checkbox"/> Per Diem							
	<b>Mornings</b>						
	<b>Evenings</b>						

*Work schedules may vary from week to week, and occasionally employees are asked to stay late, leave early, or come in on a scheduled day off.*

Have you ever been convicted of a crime, excluding non-violent misdemeanors, summary offenses and convictions that have been sealed or expunged?  YES  NO  
 Conviction will not necessarily disqualify applicant. Please explain any YES answer fully so that individual circumstances can be considered.

If YES:    Date of Conviction: \_\_\_\_\_    County/State: \_\_\_\_\_    Nature of Offense: \_\_\_\_\_

Are you currently awaiting trial for any criminal offense?  YES  NO

If YES:    Date of Offense: \_\_\_\_\_    County/State: \_\_\_\_\_    Nature of Offense: \_\_\_\_\_

### EDUCATION

School	Name of School	City/State	Degree/Diploma/Certificate	Major/Minor
High School:			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College/Other:				
College/Other:				

**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, sexual orientation, national origin, disabilities or other protected status.

<b>MOST RECENT POSITION</b>	Employer:	<b>Employment Dates</b>	Work Performed: <i>(Be specific.)</i>
	Address:	From:	
	Telephone Number(s):	To:	
	Starting/Present Job Title:	<b>Hourly Rate/Salary</b>	
	Supervisor Name:	Starting:	
	Reason for Leaving:	Ending:	
<b>SECOND MOST RECENT POSITION</b>	Employer:	<b>Employment Dates</b>	Work Performed: <i>(Be specific.)</i>
	Address:	From:	
	Telephone Number(s):	To:	
	Starting/Present Job Title:	<b>Hourly Rate/Salary</b>	
	Supervisor Name:	Starting:	
	Reason for Leaving:	Ending:	
<b>THIRD MOST RECENT POSITION</b>	Employer:	<b>Employment Dates</b>	Work Performed: <i>(Be specific.)</i>
	Address:	From:	
	Telephone Number(s):	To:	
	Starting/Present Job Title:	<b>Hourly Rate/Salary</b>	
	Supervisor Name:	Starting:	
	Reason for Leaving:	Ending:	

Please explain fully any gaps in your employment history:

**CERTIFICATION AND ACKNOWLEDGEMENT:**

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified or misleading statements on the Application form will render the applicant disqualified or be subject to termination. I authorize the company to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employers to disclose to the company any and all information they may have concerning my previous employment. In addition, I hereby release the company, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such disclosure. I understand that by submission of this Application, no offer or promise of employment has been made by Anthony's, and if I am hired, such hiring will not be for any definite period of time. I acknowledge that, if employed, both the company and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. This employment-at-will relationship will remain in effect throughout my employment with the company and may not be modified by any oral or implied agreement.

**DRUG AND ALCOHOL TESTING ACKNOWLEDGEMENT, CONSENT AND RELEASE:**

Anthony's Seafood Group may require applicants being considered for employment to take a test designed to detect the presence of drugs/alcohol in the body. Any offer of employment is contingent upon the applicant passing the test. The testing is performed by an independent laboratory, in a medical environment, selected by Anthony's. You will have the opportunity to report any medication you have taken in the past 72 hours. Positive results will be double tested. Results will only be disclosed to Anthony's, and you will have the opportunity to challenge positive results. Any positions requiring driving will be subject to testing and a copy of the applicant's driving record must be provided. By signing below, you are: 1. Acknowledging you understand and agree to the testing requirements above; 2. Consenting to the test and other requirements as a possible condition of employment; and 3. Releasing Anthony's from any and all claims, liabilities and damages related to the administration of the test and the disclosure of the test results to Anthony's.

Applicant's Signature:

Date: