



2010 PRE-EMPLOYMENT APPLICATION



Allen Marine Tours

allenmarinetours.com

5 Salmon Landing, #215
Ketchikan, AK 99901

Phone: 907.225.8100 | Fax: 907.225.8101

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

