



**Allen Marine Tours**

PO Box 211609  
Auke Bay, AK 99821  
Phone: 907-789-0081  
Fax: 907-789-1743

**PRE-EMPLOYMENT APPLICATION**

Please attach a resume  
if available.

Date:

Position Applied For:

Type of Employment Desired (please circle)

Full Time      Part Time      (If part time, list dates available)

Are you available for work the entire season, late April - late September?    YES      NO  
(if no, please list dates available)

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)

As a condition of employment, all employees must participate in a 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

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.

Multiple empty lines for listing skills.

**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
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**References / Previous Supervisors**

Name	Occupation	Address, Phone Number, and/or Email Address

Whom do you know in this company?

Do you have any Sea Time not detailed above? Please describe vessel type and duties:


**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. 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 may, 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: \_\_\_\_\_

Signature: \_\_\_\_\_