



**Allen Marine Tours**  
 5 Salmon Landing, #215  
 Ketchikan, AK 99901  
 Phone: 907-225-8100  
 Fax: 907-225-8101

**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, dates avail)

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

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 screen program. Are you currently enrolled in a US Coast Guard 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? (if yes please indicate the state of issue and the number)	YES	NO
Have you ever been convicted of a felony crime? (if yes please explain in detail)	YES	NO

Name of School, City and State	Degree Received	Major	GPA

Are you Currently attending school? YES  NO  If yes, dates available:

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.

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**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?		

Any other 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: \_\_\_\_\_