PO Box 104 Sitka, AK 99 Phone: 907-747 Fax: 907-747-4	835 7-8100	Please attach a resume if available.	Date:		
Position Applied For: Type of Employment Desired (please circle)					
	Full time	Part time			
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 c	ontact method?		
Social Security Number (Optional)	Phor	ne Number (home)	(Business or Messages)		
As a condition of employment, all employed you currently enrolled in a US Coast Guar Are you legally entitled to work in the Do you have a current driver's licer (if yes please indicate the state of issue a Have you ever been convicted of a (if yes please explain in detail)	nd or DOT program ne United State nse? nd the number)	m? YES es? YES YES	en program. Are <u>NO</u> NO NO		
Name of School, City and State	Degree	Received M	1ajor GPA		
Are you Currently attending school?		If yos, dates available:			
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.					

Allen Marine Tours

PRE-EMPLOYMENT APPLICATION

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 Imn	nediate 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 Imn	nediate 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 Imn	nediate 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				

References / Previous Supervisors				
Name	Occupation	Address, Phone Number, and/or email address		
Whom do you know ir	this company?			

Any other Sea Time not detailed above? Please describe vessel type and duties:

Please Read Carefully

I hearby 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: