

Crew Member APPLICATION FOR EMPLOYMENT

APPLICANT NOTE

Skipper's Fish Fry, Inc. is an Equal Opportunity Employer. This application form will be used to evaluate your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will be considered without discrimination based on sex, marital status, race, color, age, creed, national origin or the presence of disabilities, and any and all other characteristics protected by law. A felony conviction will not necessarily bar an applicant from employment. Testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

PERSONAL (Please Print)						
NAME		_ SOCIAL	SECURITY*			
Last Name Middle Initial	First Nam	e				
ADDRESS			PHON	E		
Street Address Apt. No. or Box	-	State Zip		Area Code Tel. No.		
ARE YOU 18 OR OLDER? YES	NO	IF	IF NOT, DATE OF BIRTH			
The minimum age for employment at a Skipper's Fish Fry,	Inc. is 16. Please do	not apply for a p	position until after your 1	6 ^{lh} birthday.		
If you are under the age of 18, proof of age is required prio passport, driver's license, school work permit, military ID ca						
IN CASE OF EMERGENCY, CONTACT:						
Name			Relationship	Telephone #		
Address	City			State		
EDUCATION						
SCHOOL (Most recently attended): NAME		LOCATION	۱			
GRADUATED? YES NO	IE NO		E COMPLETED	Area Code/Tel. No		
	II IIO,					
NOW ENROLLED: YES NO	GRADE	E POINT AVE	ERAGE			
SPORTS OR ACTIVITIES						
THREE MOST RECENT JOBS WITHIN THE LAST FIVE Y	EARS (If not applicab	le, list U.S. Mili	tary, volunteer work, or	personal references):		
1. COMPANY		PHC	DNE			
POSITION	_	DAT	ES WORKED	ТО		
NAME OF SUPERVISOR	TITLE		FROM PAY RAT	ТС		
REASON FOR LEAVING						
(Office Use Only) EMPLOYMENT VERIFIED BY:		DATE:	SPOKE	E WITH:		
2. COMPANY		PHC	DNE			
POSITION		DAT	ES WORKED			
NAME OF SUPERVISOR	TITLE		FROM PAY RAT	то		
REASON FOR LEAVING						
(Office Use Only) EMPLOYMENT VERIFIED BY:		DA TE:	SPOKE	E WITH:		
3. COMPANY		PHC	DNE			
POSITION	_	DAT	ES WORKED			
NAME OF SUPERVISOR			FROM PAY RAT	ТО		
REASON FOR LEAVING						
(Office Use Only) EMPLOYMENT VERIFIED BY:		DATE:	SPOKE	WITH:		

	MON	TUE	WED	THUR	FRI	SAT	SUN		
FROM								TOTAL HOURS AVAILABLE PER WEEK	
ТО								DATE AVAILABLE TO START	
Skipper's	reserve	s the rig	ht to mo	dify hours a	and wo	ork sche	edules		
Do you ha	ve prior	restaur	ant exper	ience?	YES		NC	O If so, when and where?	
Have you ever been disciplined for absenteeism or tardiness by any previous employer? YES NO If yes, provide details:									
Have you	ever bee	n disch	arged or	asked to re	esign b	oy any o	f your pre	evious employers? YES NO	
lf yes, expl	ain:								
Have you ever been convicted, pled guilty or pled "No Contest" (No Lo Contendere) to a felony or misdemeanor other									
than a traff	ic violati	ion?						YES NO	
lf yes, expl	ain								
A conviction	on will n	ot auto	matically	disqualify	an ap	plicant	from emp	ployment. Instead, the relationship of the conviction t	

SKIPPER'S FISH FRY, INC.

In completing this application, I understand that it is very important that I be completely truthful. I realize that Skipper's is relying on my truthfulness. I agree that if it should be discovered that the information, I am providing is inaccurate, misleading, or incomplete in any respect, I will be disqualified for employment or, if I have already been hired, my employment will be terminated immediately. I also understand and agree for Skipper's to contact all references I have listed on this application and for those references to disclose any and all information about their relationship with me.

I understand and agree that if I should become employed by Skipper's, I will have the right to terminate my employment at any time for any reason, or for no reason. I further agree that Skipper's shall have the same right to terminate my employment. My employment at-will status cannot be modified unless such modification is set forth in writing in a document signed by both me and the General Manager of the Company. Employee handbooks, manuals, personnel policies and procedures at Skipper's are not employment contracts and do not modify my status as an at-will employee. Additionally, I authorize Skipper's Fish Fry, Inc. to conduct a social security verification for the number that I have provided for myself on this application.

I agree to submit, at any reasonable time during my employment, and without notice, to a drug and/or alcohol screening test. I understand that refusal to take a requested drug and/or alcohol screening may result in discharge. I further understand that, if employed, a positive test result may also result in immediate discharge.

I have read and understand the foregoing. I am seeking employment at Skipper's Fish Fry, Inc. under the terms set forth herein. I certify and declare that all of the information I have provided is true and correct.

Applicant's Signature _____ Date _____

the job(s) in question will be considered.

This application will be considered active for 30 days. For consideration after 30 days you must reapply.