



2200 Sixth Avenue, Suite 400, Seattle, Washington 98121  
 Phone (206)728-0123 \* Fax (206)728-9506 \* www.seafair.com

## EMPLOYMENT APPLICATION

An Equal Opportunity Employer

*\*\*Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.*

### Personal Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### General Information

Position applied for: \_\_\_\_\_

Available to work: Full-Time  Part-Time  Seasonal  Temporary

Date available to start work: \_\_\_\_\_

If you are under age 18, can you provide a work permit if offered a job? Yes  No

If you are not a U.S. citizen, do you have the right to work in the U.S.? Yes  No

Have you been convicted of a felony within the last seven years? Yes  No

*(A conviction is not an automatic bar to employment. Each case will be considered on its own merit.)*

If yes, please explain: \_\_\_\_\_

Are you related to any SEAFAIR employee or member of the Board of Directors? Yes  No

If YES, please state name of Board of Directors: \_\_\_\_\_

Have you ever applied for a position with, or worked for this company before? Yes  No

If yes, specify dates: From \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Position: \_\_\_\_\_

How did you learn about us? *Check appropriate box below*

Advertisement  Friend  Web-site  Career Center/Counseling  Other:

### Employment History

Name of Employer:	From: Month Year	To: Month Year
Address	Telephone:	Pay: Starting: Final:
Position:	Supervisor:	
Description of Duties:		
Reason for Leaving:		

# Employment History (continued)

EMPLOYMENT APPLICATION

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Address	Telephone:	Pay: Starting: Final:
Position:	Supervisor:	
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Description of Duties:		
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**\*\*Please identify and explain all periods of unemployment in excess of one month during the past 10 years:**

**Period of Unemployment:**  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason Unemployed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

**\*\*Give name, address and telephone number of three references who are not related to you or previous employers.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

# Employment History (continued)

To assist us in checking records to verify prior employment and education, please indicate whether you were ever employed or enrolled in a school under a name other than that used on this application: Yes  No

\*\* If "yes", please specify the name you were employed or enrolled under:  
\_\_\_\_\_

If you are employed now, may we contact your current employer? Yes  No

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations? Yes  No

\*\* If necessary, please indicate what type(s) of reasonable accommodations are needed:  
\_\_\_\_\_  
\_\_\_\_\_

Are you a veteran of the United States military service? Yes  No

\*\* If "yes", please specify which branch of the service:  
\_\_\_\_\_

## Education

	Name and Address of School:	Major:	Years Completed:	Did you Graduate?
High School				
College				
Other				
Describe any specialized training, apprenticeship, skills and extra-curricular activities:				
Describe any honors or awards you have received:				
State any additional information you feel may be helpful to us in considering your application.				

## Special Skills and Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_

## Foreign Languages

\*\*Indicate any foreign languages you can speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

Are you related to any member of the SEAFAIR, INC. Board of Directors?

Yes  No  If YES, please state name of Board of Directors. \_\_\_\_\_

## Emergency Contact

\*\* Person to be contacted in the event of an accident or emergency:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by SEAFAIR, Inc. unless I have indicated to the contrary. I authorize the references I've listed herein, as well as all other individuals SEAFAIR, Inc. contacts to provide SEAFAIR any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to SEAFAIR as well as from any use or disclosure of such information by SEAFAIR or any of its agents, employees or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive a job offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of SEAFAIR, Inc. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, any time, either at my option or at the option of SEAFAIR, Inc. I understand that no employee or representative of the company, other than its President or CEO has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further the President or CEO of SEAFAIR may not alter the At Will nature of the employment relationship unless She/He and I both sign a written agreement that clearly and expressly specifies the intent at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date