



ALEUTIAN LONGLINE LLC

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F/V SIBERIAN SEA F/V US LIBERATOR F/V ARCTIC PROWLER

APPLICATION FOR EMPLOYMENT2157 N. Northlake Way, Suite 210, Seattle WA 98103
Tel: (206) 784-5000 or 1-800-200-3109 Fax: (206) 784-5500*PLEASE FILL OUT APPLICATION COMPLETELY. IF YOUR APPLICATION IS INCOMPLETE, IT WILL NOT BE CONSIDERED FOR REVIEW.***APPLICANT INFORMATION****NAME:** (AS PRINTED ON YOUR SOCIAL SECURITY CARD)

LIST ANY OTHER NAMES USED AFTER AGE 18.

1.

2.

3.

SOCIAL SECURITY NO:

SOCIAL SECURITY NUMBER WILL BE VERIFIED

EMAIL

TELEPHONE

ADDRESS

CITY/STATE/ZIP

IF LESS THAN 5 YEARS, LIST PREVIOUS ADDRESSES, CITIES, STATES AND GIVE DATES:
PREVIOUS ADDRESS:

DATES:

ARE YOU LAWFULLY PERMITTED TO WORK IN THIS COUNTRY? ☐ YES ☐ NOARE YOU AT LEAST 18 YEARS OF AGE? ☐ YES ☐ NO**EMPLOYMENT DESIRED**

POSITION YOU ARE APPLYING FOR:

FIRST CHOICE:

ALTERNATE CHOICE:

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS:

GENERAL

DATE YOU CAN START:

REFERRED BY:

HAVE YOU WORKED FOR ASF BEFORE?

☐ YES ☐ NO WHEN:HAVE YOU APPLIED WITH ASF WITHIN
THE LAST 6 MONTHS? ☐ YES ☐ NO

CONTACT IN CASE OF EMERGENCY:

RELATION:

PHONE:

NAME, RELATIONSHIP, AND POSITION OF RELATIVES WORKING FOR THE COMPANY OR ANY COMPETITOR, VENDOR, OR
OR CUSTOMER.**EDUCATION**

PLEASE LIST LAST YEAR OF HIGH SCHOOL COMPLETED:

DID YOU GRADUATE? ☐ NO ☐ YES, DATE: _____ NAME OF HIGH SCHOOL:

LOCATION: CITY: STATE OR COUNTRY:

LIST ANY COLLEGE EDUCATION YOU HAVE:

DID YOU GRADUATE? ☐ NO ☐ YES, DATE: _____ NAME OF COLLEGE:

LOCATION: CITY: STATE OR COUNTRY:

HAVE YOU SERVED IN THE MILITARY: ☐ NO ☐ YES, IF YES WHAT BRANCH?

DO YOU CURRENTLY HAVE ANY MILITARY OBLIGATION?

IF SO PLEASE EXPLAIN:

REFERENCE AND JOB HISTORY INFORMATION	
PLEASE LIST ANY CATCHER PROCESSOR OR LONGLINER THAT YOU HAVE WORKED ON FIRST.	
EMPLOYER:	SUPERVISOR:
ADDRESS:	PHONE:
DATES OF EMPLOYMENT: From: To:	POSITION/ TITLE:
REASON FOR LEAVING:	
ARE YOU REHIREABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO, IF NO PLEASE EXPLAIN WHY:	
EMPLOYER:	SUPERVISOR:
ADDRESS:	PHONE:
DATES OF EMPLOYMENT: From: To:	POSITION/ TITLE:
REASON FOR LEAVING:	
ARE YOU REHIREABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO, IF NO PLEASE EXPLAIN WHY:	
EMPLOYER:	SUPERVISOR:
ADDRESS:	PHONE:
DATES OF EMPLOYMENT: From: To:	POSITION/ TITLE:
REASON FOR LEAVING:	
ARE YOU REHIREABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO, IF NO PLEASE EXPLAIN WHY:	
<p>I swear that the statements contained in this application for employment (whether in my own handwriting or other writing at my direction) are true and correct. I understand that any false or misleading statement or omission of material fact may result in dismissal. I authorize the company to investigate and verify any of the information I have submitted in applying for employment and understand that the company may do background checks and release in full any and all liability in connection with securing or furnishing information pertaining to employment. I understand that I will submit to a medical examination if requested, and my continued employment is contingent upon passing required physical examinations. I understand that employment, if offered, will be at the will of the employer and myself, and may be terminated at any time for any reason by either party. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.</p>	
SIGNATURE OF APPLICANT:	DATE:
PLEASE PRINT NAME:	
WE ARE AN EQUAL OPPORTUNITY EMPLOYER	
FOR OFFICE USE ONLY	
INTERVIEWED BY:	DATE:
NOTES:	
VERSION 2021	



American Diagnostics, Inc.

BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM

Last Name _____ First Name _____ Middle Name _____

Soc. Sec. # _____ Date of Birth _____ Email _____

Maiden and all other names used _____

Present Address _____ City _____ State _____ Zip _____ County _____

Length at present address _____ (If less than 7 years please provide previous addresses)

Prior Address _____ City _____ State _____ Zip _____ County _____

Prior Address _____ City _____ State _____ Zip _____ County _____

I hereby authorize the release to American Diagnostic, Inc., an independent background screening agency, any information regarding my prior employment, criminal, credit, driving, worker's compensation, drug and alcohol testing information, and educational history; as well as, information regarding my general character and reputation. I understand the information may be reviewed initially and periodically during the course of my employment for future screening for retention, promotion, or reassignment.

I understand that my background may be used to determine my eligibility for employment, and I agree that falsification may make me ineligible for employment or subject to dismissal, if hired. I further acknowledge that American Diagnostics, Inc. is relying on third party information.

I hereby authorize that a photocopy or electronic facsimile of this document shall serve as an original.

Applicant Signature _____ Date _____

COMPLETED BY EMPLOYER

DATE: _____

COMPANY: Aleutian Longline, LLC

CONTACT NAME: Amanda, Kimi, and Rua

PHONE #: 206-784-5000

EMAIL: amanda@starboats.com; kimi@starboats.com; rua@starboats.com

NOTES: Please send results to all three emails above.

SERVICES TO BE PERFORMED:

- ☒ National Plus (National + SSN)
- ☐ Federal Criminal Check
- ☐ State Criminal Check
- ☐ County Criminal Check
- ☐ Credit History
- ☐ Driving History (MVR)
- ☐ Employment Verification
- ☐ Education Verification

DISCLAIMER - The consistency and accuracy of database searches rely wholly upon the frequency and thoroughness of individual state updates. American Diagnostics, Inc. suggests that all national criminal searches that produce criminal records be confirmed with a County Criminal Check. American Diagnostics, Inc. is not responsible for inaccurate or untimely information.