



**ARCTIC STORM MANAGEMENT GROUP, LLC.
ARCTIC STORM, INC. ~ ARCTIC FJORD, INC.**

Arctic Storm Management Group, LLC (ASMG) manages two catcher processor vessels. The C/P Arctic Storm (shown on left) is 334 feet in length, with a horsepower of 6100 and a frozen cargo of 1500 tons. At a maximum capacity she holds 133 crewmembers. The C/P Arctic Fjord is 275 feet in length with a horsepower of 6040 and a frozen cargo of 930 tons. At a maximum capacity she holds 125 crewmembers.

Our employees work 12 to 16 hours per day, 7 days a week. Contract lengths vary depending upon the season and production needs. Successful employees are given the opportunity to extend for additional trip(s). There are no room and board charges while employed on our vessels. The bunking arrangements are modest, with 4 to 8 crewmembers per room.

ASMG is a strict ZERO TOLERANCE company. **No drugs or alcohol are allowed on the vessels.** Anyone found under the influence of drugs or alcohol while under contract **MAY BE TERMINATED WITHOUT WARNING.**

If selected for employment:

- **You must take and pass a pre employment drug test (paid by the company)**
- **You must provide proof of employment eligibility in the United States.**
- **You will need toiletries and medications for at least 90 days, sleeping bag, rain gear, rubber boots and warm clothing.**

All crewmembers are paid on a crew share basis. Crewmembers accept financial risk when signing. **WE DO NOT OFFER A GUARANTEE.**

ASMG is looking for hard working individuals who can handle tough conditions far from friends and family. The hours are long; the work is hard and often tedious. People new to the fishing industry usually start as a processor. In this capacity, you will be working on the production line where the smell of fish is always present and speed and accuracy are required.

ASMG feels that hard work and a positive attitude should be rewarded. We offer incentive bonuses to our most productive workers, and we promote from within whenever possible. We feel it is important to have feedback on your performance, so each employee receives a written evaluation when departing the vessel.

Safety is a major concern at ASMG. As a crewmember, you will be required to participate in frequent safety drills and meetings. You will also need to follow all of our safety rules and regulations. Your safety awareness and participation are both part of your success aboard our vessel.

Our company's most important asset is our employees, thus we have a strong commitment to provide all employees with a positive and productive work environment with opportunities for personal growth and satisfaction.

**PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT AT:
2727 Alaskan Way, Pier 69, Seattle, WA 98121 (206) 547-6557**



ARCTIC FJORD, INC.
ARCTIC STORM, INC.

An Equal Opportunity Employer
Working Towards A Drug-Free Workplace
2727 Alaskan Way, Pier 69 ♦ Seattle, WA 98121
Telephone (206) 547-6557 ♦ Fax (206) 633-0668 ♦ Email recruiter@arcticstorm.com

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act.

This application will be given every consideration, but receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Date: _____

Name: _____
Last First M.I.

Address: _____
Street Apt. # City State Zip

Telephone: (____) _____ Alternate: (____) _____

Cellular: (____) _____ E-mail: _____

Social Security Number: _____ Position Preference: _____

Vessel Preference: _____

Do you have a legal right to be employed in the United States: Yes No

What languages do you speak fluently? _____

Are you 18 years or older? Yes No

Please give the following information regarding schooling/training/apprenticeships completed (including specialized Armed Forces Training).

	NAME AND LOCATION	NUMBER OF YEARS COMPLETED	GRADUATION	DEGREE(S)
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade/Business School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	

List professional licenses you hold and/or specialized skills: _____

Have you ever served in the military? Yes No

Dates of Service: _____ Discharged Status: _____

Please begin with your most recent employer and list all jobs held.

EMPLOYMENT HISTORY	JOB TITLE DEPARTMENT & DUTIES	EMPLOYMENT DATES (Month & Year)	REASON FOR LEAVING	BEGINNING SALARY	ENDING SALARY
1. _____ _____ Phone: _____ Supervisor: _____ If presently employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. _____ _____ Phone: _____ Supervisor: _____					
3. _____ _____ Phone: _____ Supervisor: _____					
4. _____ _____ Phone: _____ Supervisor: _____					

References: List personal or business references other than prior employers and relatives.

Name

Complete Address

Occupation

Telephone

1. _____

2. _____

Do we have your permission to contact previous employers, schools and references listed? Yes No

Have you ever worked for Arctic Storm, Inc. or Arctic Fjord, Inc. before? Yes No If yes, when? _____

Reason for leaving: _____

Have you ever received a disciplinary suspension or been discharged from any position(s) within the last 4 years?

Yes No If yes, explain: _____

Have you ever been convicted of a crime or are you now under indictment?

Yes No If yes, explain: _____

*A conviction will not necessarily disqualify you from employment.

Do you have relatives or friends employed by Arctic Storm, Inc./Arctic Fjord, Inc.?

Yes No If yes, give names and department: _____

*Answering yes to this will NOT automatically result in your being denied or guaranteed employment.

I understand Arctic Storm, Inc./Arctic Fjord, Inc. will conduct a criminal history check and will use this information and secure other reports regarding my background. I hereby acknowledge that the information provided is correct and complete to the best of my knowledge. I understand that any incorrect, incomplete or false statements or information furnished by me may void this application or subject me to discharge at any time after employment. I also hereby permit my present and prior employers to divulge to this organization relevant personal information from my personnel file(s) they possess and I agree to hold them and Arctic Storm, Inc./Arctic Fjord, Inc. harmless from any claims that might arise as a result of such disclosure.

Signature of Applicant: _____ **Date:** _____

AUTHORIZATION FOR BACKGROUND CHECK

It is the policy and practice of Arctic Storm Management Group, LLC. (including all companies managed therein) to conduct background checks on all applicants for employment. These background checks are mandatory and are a required condition for all individuals being considered as viable applicants for employment.

All background checks will be performed by a third party consumer reporting agency at the request of Arctic Storm Management Group, LLC. for pre-employment purposes. The information obtained may include some or all of the following: social security number verification, criminal records check, public court records, and driving records. A written report will be generated for each background check and a copy will be made available to the Applicant upon request.

*Please note: This form, as well as the information recovered in the background check are confidential and will not be shared with any company or entity other than Arctic Storm Management Group, LLC. The information required on this form is used strictly to verify identity and to ensure that background checks are conducted for the correct person.

PLEASE COMPLETE ALL APPLICABLE SECTIONS BELOW:

NAME: _____
(LAST/ SURNAME) (FIRST/ GIVEN NAME) (MIDDLE NAME)

PLEASE INDICATE ANY OTHER NAMES YOU HAVE USED (Including maiden name if applicable): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: ____/____/____ CITY AND STATE OF BIRTH: _____
(MM / DD / YY)

SOCIAL SECURITY NUMBER: _____ - _____ - _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY (Admission of felony convictions does not automatically disqualify you from employment):

YES _____ NO _____

If yes, please give details: _____
(DATE) (CRIME) (LOCATION)

PREVIOUS ADDRESS (PAST 7 YEARS):

FROM	TO	ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

By signing below, the named Applicant authorizes the Human Resources Department of Arctic Storm Management Group, LLC. to initiate a background check on the Applicant for purposes of pre-employment.

PRINT NAME SIGNATURE DATE