



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, creed, religion, national origin, veteran status, marital status, sexual orientation, 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: _____

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 prior to any final hiring decisions 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:** _____