



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

➤➤➤ **IMPORTANT:** Please fill in all areas of the application completely, in ink and in a legible manner. Incomplete and/or illegible applications may not be considered. Attaching a resume is not considered as having filled in and/or completed the application. This application will be valid for 90 days from the date listed below.

Position Applied For: _____ **Referral:** _____ **Date:** _____

Name: _____ **e-mail:** _____
Last First M.I.

Address: _____ **Phone:** _____
Street City State Zip

Are you at least 18 years of age? Yes No
 Are you a U.S. Citizen or legally authorized to work in the U.S.? Yes No
 Date you are able to start work: _____
 May we contact your current employer? Yes No
 Are subject to recall elsewhere? Yes No
 Pay Desired: \$ _____ per _____
 Do you wish to work: Full-time Part-time
 Temporary
 Are you willing and available to work? On call
 Days Evenings Nights
 Overtime Weekends Holidays
 If applying for a job that requires one, do you have a valid driver's license? Yes No
 Have you previously applied with us? Yes No
 When _____

Have you ever been terminated from employment or asked to resign by an employer? Yes No
 If "Yes" please provide company name and details:

 Have you previously worked for SeaCast, Inc? Yes No
 When _____
 Do you have any relatives working for us? Yes No
 If so, who? _____
 Are any of your records under a different name? Yes No
 If so, what name _____

Education & Training	Name and Location of School	Degree Earned & Year	Subjects Studied
High School			
College			
Other Training, Licenses or Certifications			

SKILLS / ABILITIES:

List any machines you are skilled in using: _____

List any skills, abilities, hobbies or related interests you have which are pertinent to the position: _____

PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE –

Attaching a resume or stating “see attached” is not deemed to have completed the following unless all requested information is addressed.

Present or Last Employer:

Address:

Phone:

Start Date:

Leaving Date:

Supervisor:

Job Title & Duties:

Why Did You Leave?

Previous Employer:

Address:

Phone:

Start Date:

Leaving Date:

Supervisor:

Job Title & Duties:

Why Did You Leave?

Previous Employer:

Address:

Phone:

Start Date:

Leaving Date:

Supervisor:

Job Title & Duties:

Why Did You Leave?

PROFESSIONAL REFERENCES – (no friends or family members)

1) Name:

How Long Known / Where:

Address:

Phone:

2) Name:

How Long Known / Where:

Address:

Phone:

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION STATEMENT

I certify that all information I have provided in order to work with SeaCast, Inc is true, complete and correct. If any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to cancel further consideration of this application, or immediately discharge me from SeaCast, Inc employment, whenever it is discovered.

I expressly authorize SeaCast, Inc and its agents, without reservation, to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information regarding me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding SeaCast, Inc or its agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. The only exception to this is contacting my present employer if I have so indicated above.

I understand that SeaCast, Inc does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Date _____ Signature of Applicant _____

Printed Name _____

Send to: HR, SeaCast, Inc, 6130 31st Avenue NE; Marysville, WA 98271-7407 or HR@seacast.com