



Double E Foods, LLC
 801 S Fidalgo St. Suite 100, Seattle, WA 98108
 Phone (206) 768-8979; Fax (206) 768-8986

APPLICATION FOR EMPLOYMENT

Double E Foods, LLC is an Equal Opportunity Employer.
 Please answer each question fully and accurately as incomplete applications will not be considered

Today's Date _____

PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____ SS#: _____ - _____ - _____
 Present Address: _____ City: _____ State: _____ Zip: _____
 Permanent Address: _____ City: _____ State: _____ Zip: _____
 Email : _____ Phone Number: _____ Apt No. _____
 Are you 18 years or older? YES NO
 Are you either a US citizen or an alien authorized to work in the United States? YES NO
 In Case of Emergency, Notify: _____ Relationship: _____
 Present Address: _____ City: _____ State: _____ Zip: _____
 List below addresses at which you have lived in the past five years, with dates (use space on back of page if necessary).

From	To	Previous Street Address	City	State	County

EMPLOYMENT DESIRED

Desired Position: _____ Date you can start? _____
 Are you now employed? YES NO
 If so, may we contact your present employer? YES NO
 Ever applied to this company before? YES NO When? _____
 Ever worked for this company before? YES NO When? _____
 Reason for Leaving: _____
 Who referred you to this company? Employment Agency Advertisement Friend
 State Employment Office College Placement Other

Explain: _____

EDUCATION

School Level	Name and Location of School	No. Years Attended	Did You Graduate?		Subjects Studied and Degree Received?
			Yes	No	
High School			Yes	No	
College			Yes	No	
Trade School			Yes	No	
Correspondence			Yes	No	
Other			Yes	No	

GENERAL

Other Subjects of Study, Special Training or Special Skills: _____

 Hobbies: _____





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Employment History

Name and Address of Present or Last Employer: _____
 Starting Date: Month _____ / Year _____ Leaving Date: Month _____ / Year _____
 Weekly Starting: \$ _____ Weekly Leaving: \$ _____
 Job Title: _____ May We Contact Supervisor? YES NO
 Description of Work: _____
 Reason for Leaving: _____

Name and Address of Past Employer: _____
 Starting Date: Month _____ / Year _____ Leaving Date: Month _____ / Year _____
 Weekly Starting: \$ _____ Weekly Leaving: \$ _____
 Job Title: _____ May We Contact Supervisor? YES NO
 Description of Work: _____
 Reason for Leaving: _____

REFERENCES

Name	Address or Telephone Number	Business	Years Known	Related to you?
1.				
2.				
3.				

MILITARY SERVICE RECORD

Branch of Service: _____ Discharge Date: Month _____ / Year _____ Discharge Rank: _____

Presently in National Guard or Reserves: YES NO Date Obligation Ends: Month _____ / Year _____

What skills do you have in the area of forklift maintenance, fish processing, grading, refrigeration systems, mechanical, electrical, sales, accounting, etc.?

What languages do you speak fluently? _____
 What languages do you read and write? _____





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Have you been convicted of a felony or misdemeanor within the last 5 years? * YES NO If yes, Please describe:
 Offense _____ Date convicted _____ Penalty _____

Have you been convicted of, forfeited bail or plead no contest to driving under the influence (DUI), driving while intoxicated (DWI), or reckless driving within the last 5 years? * YES NO If yes, Please describe:

Driver's License #: _____ **State Issued:** _____ **Expiration date:** _____

* Note: A conviction will not bar consideration of employment.

I understand and agree that I may be required to take a physical examination or physical capacities exam as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers and employees from any claim arising in connection with the use of such test(s). **Initials** _____

RECENT TRAINING HISTORY (LAST 3 YEARS)		
Course Title	Dates Attended	Training facility

AUTHORIZATION

I CERTIFY THAT THE FACTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY INCORRECT, INCOMPLETE OR FALSIFIED STATEMENTS OR INFORMATION PROVIDED ON THIS APPLICATION MAY BE GROUNDS FOR DENIAL OF EMPLOYMENT OR IMMEDIATE DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN FROM PAST EMPLOYERS AND ALL REFERENCES LISTED ABOVE TO GIVE DOUBLE E FOODS ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MIGHT RESULT FROM FURNISHING SAME TO DOUBLE E FOODS. I ALSO ACKNOWLEDGE THAT NO OFFER OF EMPLOYMENT HAS BEEN MADE TO ME AND THAT SHOULD AN OFFER OF EMPLOYMENT BE MADE IN THE FUTURE, I REALIZE THAT THE EMPLOYMENT WILL BE STRICTLY "AT WILL".

Date: _____ Signature: _____

Printed Name: _____

