 LML Fishing, Inc.

 dba Doc Warner's Alaska Fishing

 1673 Temple View Drive

 Bountiful, UT 84010

 (801) 298-8060

First Name: \_ M: \_ Last Name: \_

Cell Phone: \_ Email: \_

Mailing Address: \_

Position Desired: ☐ Any Position ☐ Kitchen ☐ Dock ☐ Housekeeping ☐ Other\_

Availability Dates: \_mm/dd\_ To \_mm/dd\_

Are you able to stay through the end of the season (~September 15th)?: ☐ Yes ☐ No

|  |  |  |
| --- | --- | --- |
| Education (name & Address) | Dates Attended | Degree/GPA |
| High School |   |   |
| College |   |   |
| Technical/Other |   |   |

Please List 3 References (Name, Relationship, & Phone Number)

1. Reference 1
2. Reference 2
3. Reference 3

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employer & Supervisor Contact | Job Title | Job Description | Start mm/yy | End mm/yy | Reason for Leaving | May We Contact? |
| e.g. Doc Warner’sMark Warner801-298-8060 | Dock Staff | Job Duties listed here | 6/16 | 9/16 | End of Season | Yes |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

Will you be 18 years or older by June 1st? ☐ Yes ☐ No

Are you able to repeatedly lift & carry 50#? ☐ Yes ☐ No

Are you legally able to work in the US? ☐ Yes ☐ No

Have you been convicted of a crime within the last 7 years\*? ☐ Yes ☐ No

\*Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: \_

List any specialized training or skills for this position (please describe): \_

Do you know anyone who has worked for Doc Warner’s? ☐ Yes ☐ No

Who? \_

Is there anything else you would like us to consider as part of this application: \_

Please include a resume’ with your application.

Applicant’s Statement

Please read carefully before submitting

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary to arrive at an employment decision. I hereby release the Company and any former employer and any third party from liability whatsoever that may be imposed as a result of the release of such information. Should I be employed by the Company, any false or misleading information will result in immediate termination.

Applicant’s Name: \_ Date: \_