



LML Fishing, Inc.
 dba Doc Warner's Alaska Fishing
 1673 Temple View Drive
 Bountiful, UT 84010
 (801) 298-8060

Name: _

Cell Phone: _

Email: _

Mailing Address: _

If selected, which airport(s) would you prefer to depart from and return to: _

- Position(s) Desired:**
- | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Any Position | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Dock Staff |
| <input type="checkbox"/> Pro Shop | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Mechanic |
| | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Maintenance |

Please list any specialized training, skills, or certifications:

Availability Dates? from _____ to _____

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

*Applicants who can stay the full season will be given first consideration.

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?
1						
2						
3						
4						

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

Are you able to lift & carry 50# repeatedly? 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: _

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: _

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: _

Please email both your resume' and application to mark@docwarners.com.

If you have any questions, please call Mark or Kristina at 907-723-6000.