



# Phoenix Processor Limited Partnership

333 1st Avenue West, Seattle WA 98119  
 Phone (206) 286-8584 Fax (206) 286-8810  
 Email: resumes@pplp.fish

## Application for Employment M/V EXCELLENCE - M/V PHOENIX

We are an equal opportunity employer. Applications will be considered active for 1 year.

### PLEASE COMPLETE ENTIRE APPLICATION

PERSONAL INFORMATION					
LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER LAST 4 DIGITS: _____	DATE	
STREET ADDRESS			EMAIL:	PHONE:	
CITY	STATE	ZIP CODE	POSITION APPLYING FOR:	DESIRED RATE OF PAY	
Are you legally authorized to work in the United States? <input type="radio"/> YES <input type="radio"/> NO			Are you 18 years old or over? <input type="radio"/> YES <input type="radio"/> NO	DATE AVAILABLE	
PRIOR WORK EXPERIENCE					
LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT					
EMPLOYER		POSITION		SUPERVISOR	
STREET ADDRESS		DESCRIBE YOUR DUTIES			
CITY	STATE				ZIP CODE
PHONE					
DATES OF EMPLOYMENT FROM		TO	REASON FOR LEAVING	May we contact this employer? YES    NO	
EMPLOYER		POSITION		SUPERVISOR	
STREET ADDRESS		DESCRIBE YOUR DUTIES			
CITY	STATE				ZIP CODE
PHONE					
DATES OF EMPLOYMENT FROM		TO	REASON FOR LEAVING	May we contact this employer? YES    NO	
EMPLOYER		POSITION		SUPERVISOR	
STREET ADDRESS		DESCRIBE YOUR DUTIES			
CITY	STATE				ZIP CODE
PHONE					
DATES OF EMPLOYMENT FROM		TO	REASON FOR LEAVING	May we contact this employer? YES    NO	

FACTORY (# OF YEARS)	ENGINEERING (# OF YEARS)	DECK (# OF YEARS)
Quality Control	Assistant Engineer	Captain
Fish Packer	Auxiliary Watch	Mate
Machine Operator	Baader Tech	Deckhand
Foreperson	Wiper	Deckboss
GALLEY (# OF YEARS)		OPERATIONS (# of YEARS)
Cook	Marine Refrigeration	Purser
Galley Help	Marine Electrician	Medic
Housekeeping	Fishmeal Technician	

### EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	DATES	DEGREE/DIPLOMA
HIGH SCHOOL				
Vocational, Trade or Commercial				
COLLEGE				
OTHER				

Please list any current US Coast Guard certificates or licenses you have:

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Do you have any other special skills, training, or experience? (Languages, mechanical, etc.)

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Have you, or any relative of yours, worked for our company? YES  NO

**If yes**, please provide relative's name and dates of employment (approximate is fine):

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How did you hear about Phoenix Processor Limited Partnership? \_\_\_\_\_

**IMPORTANT – CONDITIONS OF EMPLOYMENT – PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that my answers to the above are true and recognize that any potential future employment is subject to termination without notice should any of the above statements be found false or inaccurate.

In understand that a reference check may be made and hereby agree to authorize all persons, school, companies, or other organizations and agencies to supply any accurate information concerning my background. I further understand that I have a right to disclosure of such information reported, as provided by law.

Further, I understand and agree that any potential future employment will be for no definite period and may, regardless of the date of payment of wages and/or salary, may be terminated at any time without previous notice.

I understand and accept the conditions of this statement.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE



## CONSENT TO OBTAINING CONSUMER REPORTS

### READ CAREFULLY BEFORE SIGNING

1. I understand that my offer of employment would be contingent on facts received through consumer reporting. I hereby authorize the company to obtain consumer reports relevant to the scope of my employment. I understand the background checks and/or consumer reports will not be obtained until after the interview process and an offer of employment.
2. I understand that I have the right to make a written request within a reasonable amount of time to receive additional detailed information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address, and telephone number of the consumer reporting agency.
3. I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, department of motor vehicles, public agency, financial institution, or any other person or agency having knowledge of me to submit information or opinions about myself, including data received from other sources, in order that my employment qualifications may be evaluated. I hold said persons and/or organizations blameless and without liability for statements or opinions made regarding my character, experience, or qualifications.

By signing below, I acknowledge that I have read and understand and agree to all the above statements.

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Print Name

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Applicant Signature

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Date

**NOTE:**

**In order for us to process your application, you must complete this form.**