

# RIVERINE FISHERIES INTERNATIONAL, LLC



## APPLICATION FOR EMPLOYMENT

**PLEASE PRINT**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

If mailing address is different than one above, please provide.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you at least 18 years of age? **YES NO** If YES, what is your date of birth \_\_\_\_\_

(Proof of U.S. Citizenship or immigration status will be required upon employment)

Do you have any known food allergies? **YES NO**

If YES what foods \_\_\_\_\_

Available Start Date \_\_\_\_\_

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

Shift preferred \_\_\_\_\_

Are you willing to work overtime as required? **YES NO**

How do you plan on getting to work? (Please Circle) **Walk Bike My Car I'll get a ride Other**

Do you have a valid driver's license? **YES NO** # \_\_\_\_\_ State \_\_\_\_\_

Expiration date \_\_\_\_\_

Have you ever been convicted of a felony in the last seven years? **YES NO**

If YES, please provide date of conviction \_\_\_\_\_

Have you been convicted of a DUI in the last two years? **YES NO**

If YES, please provide date of conviction \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED	DIPLOMA/ DEGREE
High School				
College/University				
Other Training/ Education				

# RIVERINE FISHERIES INTERNATIONAL, LLC



Name \_\_\_\_\_ SS# \_\_\_\_\_  
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## Education/Training:

1. Trade School \_\_\_\_\_ Certificate/Degree \_\_\_\_\_

2. Formal Courses Relating To Marine Trade: \_\_\_\_\_  
College Degree \_\_\_\_\_ Certificate/License \_\_\_\_\_

3. Certification /Training	YES	YEAR
Fire Fighting	_____	_____
Medical Emergencies	_____	_____
First Aid/CPR	_____	_____
Hazmat	_____	_____
Truck Driver CDL	_____	_____
Self-Contained Breathing Apparatus	_____	_____
Forklift	_____	_____
Hand & Back Injury Prevention	_____	_____
Crane Operations	_____	_____
Security	_____	_____
HACCP	_____	_____
Food Safety	_____	_____

In addition to your above qualifications and work history, what other experiences, special training, licenses, certificates do you have that may qualify you as being able to perform job-related functions for a position with this company (include dates received)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Fishing Experience

1. How many years have you fished full time? \_\_\_\_\_
2. If applicable, how many of these as skipper? \_\_\_\_\_
3. Have you worked in food processing? \_\_\_\_\_

**All applicants for positions are subject to pre-employment Drug Screening as required by DOT/USCG Regulations and Company Policy.**

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## WORK HISTORY

Name \_\_\_\_\_ SS# \_\_\_\_\_

(PLEASE PRINT)

How did you hear about Riverine Fisheries? **Advertisement** **Employee** **Relative** **Unemployment office**  
**Recruiter** **Other** \_\_\_\_\_

**Position applied for:** \_\_\_\_\_

Are you presently employed? **YES** **NO**

May we contact your present employer? **YES** **NO**

Dates Employed From: To:	Name & Address of Employer Include Boat Name & Type of Vessel	Telephone # & Name of Supervisor	Position Held	Reason for Leaving

**Service History:** Branch \_\_\_\_\_

Date Discharged \_\_\_\_\_

Rank \_\_\_\_\_

Position \_\_\_\_\_

Applicable Duties \_\_\_\_\_

Please provide two personal references (not former employers or relatives)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date received \_\_\_\_\_ Time received \_\_\_\_\_

Resume Received **YES** **NO** Date of receipt \_\_\_\_\_

Photo \_\_\_\_\_ DL copy \_\_\_\_\_ Other photo ID \_\_\_\_\_