

ALEUTIAN SPRAY FISHERIES, INC.

C/P STARBOUND, F/V SIBERIAN SEA, F/V US LIBERATOR

APPLICATION FOR EMPLOYMENT

2157 N. Northlake Way, Suite 210, Seattle WA 98103

Tel: (206) 784-5000 or 1-800-200-3109 Fax: (206) 784-5500



PLEASE FILL OUT APPLICATION COMPLETELY. IF YOUR APPLICATION IS INCOMPLETE, IT WILL NOT BE CONSIDERED FOR REVIEW.

APPLICANT INFORMATION

NAME: _____ (AS PRINTED ON YOUR SOCIAL SECURITY CARD)

LIST ANY OTHER NAMES USED AFTER AGE 18.

1. _____ 2. _____ 3. _____

SOCIAL SECURITY NO: _____ **SOCIAL SECURITY NUMBER WILL BE VERIFIED**

EWTGPFVCFFTGUU< _____ **TELEPHONE** _____

CITY /STATE _____ **ZIP CODE:** _____

IF LESS THAN 5 YEARS, LIST PREVIOUS ADDRESSES, CITIES, STATES AND GIVE DATES:
PREVIOUS ADDRESS: _____ **DATES:** _____

ARE YOU LAWFULLY PERMITTED TO WORK IN THIS COUNTRY? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR GROSS MISDEMEANOR WITHIN THE LAST SEVEN YEARS?
 NO YES IF YES, GIVE CRIME OF CONVICTION(S) WITH THE YEAR, COUNTY, AND STATE.

NOTE: CONVICTION IS NOT NECESSARILY A BAR TO EMPLOYMENT

DRIVER LICENSE # _____ **STATE ISSUED:** _____

EMPLOYMENT DESIRED

POSITION YOU ARE APPLYING FOR: _____

FIRST CHOICE: _____ **ALTERNATE CHOICE:** _____

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS: _____

GENERAL

DATE YOU CAN START: _____ **REFERRED BY:** _____

HAVE YOU WORKED FOR ASF BEFORE? YES NO **WHEN:** _____ **HAVE YOU APPLIED WITH ASF WITHIN THE LAST 6 MONTHS?** YES NO

CONTACT IN CASE OF EMERGENCY: _____

RELATION: _____ **PHONE:** _____

NAME, RELATIONSHIP, AND POSITION OF RELATIVES WORKING FOR THE COMPANY OR ANY COMPETITOR, VENDOR, OR OR CUSTOMER. _____

EDUCATION

PLEASE LIST LAST YEAR OF HIGH SCHOOL COMPLETED: _____

DID YOU GRADUATE? - NO - YES, **DATE:** _____ **NAME OF HIGH SCHOOL:** _____
LOCATION: **CITY:** _____ **STATE OR COUNTRY:** _____

LIST ANY COLLEGE EDUCATION YOU HAVE: _____

DID YOU GRADUATE? - NO - YES, **DATE:** _____ **NAME OF COLLEGE:** _____
LOCATION: **CITY:** _____ **STATE OR COUNTRY:** _____

HAVE YOU SERVED IN THE MILITARY: - NO - YES, IF YES WHAT BRANCH? _____

DO YOU CURRENTLY HAVE ANY MILITARY OBLIGATION? _____ **IF SO PLEASE EXPLAIN:** _____

REFERENCE AND JOB HISTORY INFORMATION

PLEASE LIST ANY CATCHER PROCESSOR OR LONGLINER THAT YOU HAVE WORKED ON FIRST.

| | |
|---|------------------|
| EMPLOYER: | SUPERVISOR: |
| ADDRESS: | PHONE: |
| DATES OF EMPLOYMENT: From: To: | POSITION/ TITLE: |

REASON FOR LEAVING:

ARE YOU REHIRABLE? YES NO, IF NO PLEASE EXPLAIN WHY:

| | |
|---|------------------|
| EMPLOYER: | SUPERVISOR: |
| ADDRESS: | PHONE: |
| DATES OF EMPLOYMENT: From: To: | POSITION/ TITLE: |

REASON FOR LEAVING:

ARE YOU REHIRABLE? YES - NO, IF NO PLEASE EXPLAIN WHY:

| | |
|---|------------------|
| EMPLOYER: | SUPERVISOR: |
| ADDRESS: | PHONE: |
| DATES OF EMPLOYMENT: From: To: | POSITION/ TITLE: |

REASON FOR LEAVING:

ARE YOU REHIRABLE? YES - NO, IF NO PLEASE EXPLAIN WHY:

I swear that the statements contained in this application for employment (whether in my own handwriting or other writing at my direction) are true and correct. I understand that any false or misleading statement or omission of material fact may result in dismissal. I authorize the company to investigate and verify any of the information I have submitted in applying for employment and understand that the company may do background checks and release in full any and all liability in connection with securing or furnishing information pertaining to employment. I understand that I will submit to a medical examination if requested, and my continued employment is contingent upon passing required physical examinations. I understand that employment, if offered, will be at the will of the employer and myself, and may be terminated at any time for any reason by either party. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

SIGNATURE OF APPLICANT: _____ DATE: _____

PLEASE PRINT NAME: _____

*****WE ARE AN EQUAL OPPORTUNITY EMPLOYER*****

FOR OFFICE USE ONLY

INTERVIEWED BY: _____ DATE: _____

NOTES:

VERSION 2013

DISCLOSURE AND AUTHORIZATION FORM

Aleutian Spray Fisheries Inc will procure a consumer report and/or investigative consumer report on you in connection with your employment application. Intelius, a consumer reporting agency, will obtain the report for the Company. Intelius is located at 500 108th Avenue NE, Suite 1660, Bellevue, WA 98004, and can be reached at (425) 974-6100.

The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, licensing and certification checks, etc. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

The nature and scope of any investigative consumer reports that may be requested is explained above. You are nonetheless entitled to request more information about the nature and scope of such reports by submitting a written request to Intelius at the above address.

The Company is furnishing you with a summary of your rights under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission.

AUTHORIZATION

I have carefully read and understand this notice and authorization form. By my signature below, I consent to the release of consumer and/or investigative consumer reports to the Company.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before, during or after my employment, if any, may be utilized for the purpose of obtaining consumer reports and/or investigative consumer reports.

I understand that if the Company hires me, it may request a consumer report and/or an investigative consumer report about me, to the extent allowed by law, for employment-related purposes during and after my employment. I understand that my consent will apply throughout and after my employment unless I revoke or cancel my consent by sending a signed letter to Aleutian Spray Fisheries, 2157 N. Northlake Way, Suite 210 Seattle WA 98103. Attn: Ruth Anderson or Rua Hurd-Human Resources

Employee Last Name _____ First _____ Middle _____

Present Address _____

City/State/Zip _____

Social Security Number _____

Driver's License Number _____ License Number _____

Professional License Number: State _____ Type _____ Number _____

FOR IDENTIFICATION PURPOSES ONLY

Date of Birth _____ Gender _____

Signature Date

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as if you pay your bills on time or have filed bankruptcy — to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§ 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you — such as denying an application for credit, insurance, or employment — must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs — to which it has provided the data — of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone — such as a creditor who reports to a CRA — that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

| FOR QUESTIONS OR CONCERNS REGARDING: | PLEASE CONTACT: |
|--|--|
| CRAs, creditors and others not listed below | Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 * 202-326-3761 |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name) | Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743 |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks) | Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693 |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision Consumer Programs Washington, DC 20552 * 800-842-6929 |
| Federal credit unions (words "Federal Credit Union" appear in institution's name) | National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360 |
| State-chartered banks that are not members of the Federal Reserve System | Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission | Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306 |
| Activities subject to the Packers and Stockyards Act, 1921 | Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 * 202-720-7051 |