

TWIN LOBSTERS JOB APPLICATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____ MOBILE _____

EMAIL ADDRESS: _____

DO YOU CHECK YOUR EMAIL REGURALLY? YES ____ NO ____

DO YOU HAVE YOUR OWN TRANSPORTATION: YES ____ NO ____

WHAT IS YOUR DESIRED HOURLY WAGE: _____

ARE YOU LOOKING FOR PART TIME OR FULL TIME? _____

WHAT IS THE MAXIMUM NUMBER OF HOURS YOU ARE WILLING TO WORK IN A WEEK? _____

HOW LONG A PERIOD OF TIME ARE YOU LOOKING TO WORK? _____

WORK HISTORY

COMPANY NAME: _____

CITY: _____, STATE: _____

PHONE NUMBER: _____

START DATE _____ END DATE _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

CITY: _____, STATE: _____

PHONE NUMBER: _____

START DATE _____ END DATE _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

CITY: _____, STATE: _____

PHONE NUMBER: _____

START DATE _____ END DATE _____

REASON FOR LEAVING: _____

QUALIFICATIONS:

SCHOOL: _____

CITY/ STATE _____ DEGREE/GRADUATE? _____

SCHOOL: _____

CITY/ STATE _____ DEGREE/GRADUATE? _____

PLEASE LIST ANY SPECIAL SKILLS AND/OR EXPERIENCE WITH SEAFOOD: _____

DO YOU KNOW HOW OR HAVE YOU EVER OPERATED AN IPAD? YES _____ NO _____

DO YOU NEED ANY PARTICULAR DAYS OFF, OR ARE THERE ONLY CERTAIN HOURS YOU CAN WORK? IF SO, PLEASE EXPLAIN: _____

HAVE YOU EVER LIVED IN NEW ENGLAND? YES _____ NO _____

IF SO, WHERE? _____

THIS JOB REQUIRES STANDING ON YOUR FEET MULTIPLE HOURS, AND ALSO HANDLING OF ICE AND INVENTORY UP TO 40LBS, DO YOU HAVE ANY PHYSICAL LIMITATIONS? _____

APPLICANT SIGNATURE AND DATE: _____