

Lusty Lobster Inc.

88 Bay Avenue, PO Box 422
Highlands, NJ 07732
(732) 291-4100



Position(s) desired _____ Date of Application ____/____/____

PLEASE PRINT

Personal Information

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip

Telephone _____ Mobile _____ e-mail _____

- Are you over the age of eighteen? Yes No
- Have you been previously employed by a company in the seafood business or by the Company? Yes No If yes, when? _____
For whom? _____
- Are you legally eligible for employment in the country? Yes No
- Are you currently on welfare or unemployment? Yes No
- Are you currently on lay-off status and subject to recall? Yes No
- May we contact your current employer? Yes No
- Do you have any relatives employed by the Company? Yes No If yes, please list _____

What hours, shifts or days are you seeking to work? _____

Note: Answering "Yes" to the following questions will not automatically eliminate you from consideration for employment. In considering you for employment, we will consider the nature and seriousness of the offense or offenses, the time that has passed since the conviction and/or completion of the sentence, and the nature of the job you are seeking.

Have you ever pled guilty to, pled "no contest" to or been convicted of a crime (other than a minor traffic violation)? Yes No
If yes, please give dates and details of each misdemeanor and/or felony: _____

Have you ever been dismissed, terminated, or forced to resign from any employment? Yes No
If yes, please give date and details of each such termination of employment: _____

Skills and Qualifications

Summarize any training, skills, licenses, and/or certifications that may qualify you for this position.

Summarize any equipment you operate, software with which you are familiar or any additional information that may qualify you for this position.

Education

	School Name, City, State	Last Grade or Level Completed	Diploma or Degree	Course/Major
High School				
College, Business, Vocational or Other Training				
Graduate/Professional				

Employment History

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including any military service and any period of unemployment. If self-employed, give firm name and supply business references, and, if necessary, request a continuation page to fully and accurately complete this section.

From	To	Employer	Telephone
Job Title		Address, City, State, and Zip	
Immediate Supervisor & Title		Job Duties	
Reason(s) for Leaving		Hourly Rate/Salary Start - \$ _____ per _____ Final - \$ _____ per _____	
From	To	Employer	Telephone
Job Title		Address, City, State, and Zip	
Immediate Supervisor & Title		Job Duties	
Reason(s) for Leaving		Hourly Rate/Salary Start - \$ _____ per _____ Final - \$ _____ per _____	
From	To	Employer	Telephone
Job Title		Address, City, State, and Zip	
Immediate Supervisor & Title		Job Duties	
Reason(s) for Leaving		Hourly Rate/Salary Start - \$ _____ per _____ Final - \$ _____ per _____	
From	To	Employer	Telephone
Job Title		Address, City, State, and Zip	
Immediate Supervisor & Title		Job Duties	
Reason(s) for Leaving		Hourly Rate/Salary Start - \$ _____ per _____ Final - \$ _____ per _____	

Professional References (No personal references please)

Name	Title/Company	Address/Telephone
Name	Title/Company	Address/Telephone
Name	Title/Company	Address/Telephone

Driving applicants:

Do you have a valid drivers license? Yes No
 Do you have access to a car or other motorized vehicle? Yes No
 Do you have or can you obtain liability insurance on such a vehicle? Yes No
Your driving record will be checked if you drive a company vehicle. Yes No
 Are there any restrictions on your driver's license? Yes No

List Driver's License Information

NUMBER	EXP. DATE	CLASS	CLASS OF EQUIP.	TYPE OF EQUIPMENT (VAN, TANK, FLAT ETC.)	APPROX. # OF MILES

Give State, Year and Number (if known) of all other Licenses held in the last seven years:

STATE	YEAR	NUMBER	STATE	YEAR	NUMBER	STATE	YEAR	NUMBER

Accident Record For Last Three Years

Dates	Nature of Accident (head on, rear...)	Fatalities	Injuries

STATEMENT OF CERTIFICATION

I hereby certify that this application (and accompanying resume, if any) is true and complete, contains no willful misrepresentation or falsification, and that the information given by me is true and accurate. I understand that findings of any misrepresentation, falsification, or omission could result in the rejection of my application or in the immediate termination of my employment.

I authorize all previous and current employers, or anyone identified as a reference, to give any and all information concerning my employment history to the Company, and I release all parties of any and all liabilities from any damage, which may result from the furnishing of such information.

If I am hired, I understand that my employment will be for no definite period of time, regardless of the period of payment of my wages. I further understand I have the right to terminate my employment at any time, with or without notice, and that the Company has the same right. I agree that the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like, as they may exist from time to time, shall not serve as such writing to modify the at will nature of my employment. No one other than the CEO, COO or the CFO, of the Company has the authority to modify the at will nature of the employment relationship or make any agreement to the contrary. Any such modification must be in writing.

Applicant Signature

Date

APPLICANT SOURCE OF RECRUITMENT (check one)

- | | |
|--|--|
| <input type="checkbox"/> Newspaper Advertising | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Walk-In | Name of Agency _____ |
| <input type="checkbox"/> Campus Recruiting | <input type="checkbox"/> Public Employment Agency |
| <input type="checkbox"/> Employee Referral | Name of Agency _____ |
| <input type="checkbox"/> Military | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Acquisition | <input type="checkbox"/> Other |