

# SHRIMP BOAT MANNY'S

## ONLINE APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap.

**Required Documents With Application: Drivers License & Social Security Card**  
**MANDATORY DRUG TESTING WILL BE REQUIRED BEFORE HIRING**

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

Date: \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Position Applying For: \_\_\_\_\_  
Wait-Staff / Kitchen-Staff / Any

Cell Phone: \_\_\_\_\_

Full Time: \_\_\_ or Part Time: \_\_\_ Days: Y / N

Nights: Y / N Weekends: Y / N

Are You a U.S. Citizen: Y / N

Do you have reliable transportation: Y / N

### Education:

High School Name: \_\_\_\_\_

Present Grade: \_\_\_\_\_

Diploma / Degree: \_\_\_\_\_  
 Yes / No

Year Graduated: \_\_\_\_\_

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

Present Grade: \_\_\_\_\_

Diploma / Degree: \_\_\_\_\_  
 Yes / No

Year Graduated: \_\_\_\_\_

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Other Specialized Training: \_\_\_\_\_

### List Three Business or Personal References :

Name	Address	Occupation	Telephone

Emergency Contact : \_\_\_\_\_  
Name Phone Number

# Work History : ( Start With Present or Most Recent )

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**Employer:** \_\_\_\_\_ **Type Of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Full Time:** \_\_\_\_\_ **Part Time:** \_\_\_\_\_

**Dates Of Employment:** From \_\_\_\_\_, To \_\_\_\_\_ or Still Employed \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Starting Pay:** \_\_\_\_\_ **Leaving Pay:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Reason For Leaving :** \_\_\_\_\_

May We Contact Your Present Employer Yes \_\_\_\_\_ No \_\_\_\_\_

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**Employer:** \_\_\_\_\_ **Type Of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Full Time:** \_\_\_\_\_ **Part Time:** \_\_\_\_\_

**Dates Of Employment:** From \_\_\_\_\_, To \_\_\_\_\_ or Still Employed \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Starting Pay:** \_\_\_\_\_ **Leaving Pay:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Reason For Leaving :** \_\_\_\_\_

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**Employer:** \_\_\_\_\_ **Type Of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Full Time:** \_\_\_\_\_ **Part Time:** \_\_\_\_\_

**Dates Of Employment:** From \_\_\_\_\_, To \_\_\_\_\_ or Still Employed \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Starting Pay:** \_\_\_\_\_ **Leaving Pay:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Reason For Leaving :** \_\_\_\_\_

*We have seven AM and seven PM shifts. Please put a check mark in the shifts you are available to work. Because of the nature of this business, an employee **will be required to work HOLIDAYS, SUNDAYS, and SPECIAL OCCASIONS if needed. Your application may be denied due to lack of availability.***

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
A.M.							
P.M.							

**How Many Shifts Would You Like To Work Every Week:** [ \_\_\_\_\_ ]

**Comments:** \_\_\_\_\_

# Substance Testing Consent Form

## Please Read Carefully

I understand that Shrimp Boat Manny's (SBM) is committed to providing a productive and safe work environment for all employees. To further this goal, SBM has established a substance testing program. The program applies to, in appropriate instance, in accordance with applicable law, applicants who have received a conditional offer of employment and Company employees.

Consistent with this program, I freely and voluntarily consent to provide blood, breath, and/ or urine samples upon request by an authorized representative of SBM to determine whether drugs or other chemical intoxicants (including alcohol in appropriate cases) are present in my system. I agree to fully cooperate with SBM, its representative, agents, medical review officer (if any) and any representative or agent of a clinic, laboratory and/or hospital involved in the sample collection, testing, evaluation, reporting and confirmation.

I further consent to and authorize the release of all information generated by or obtained from my participation in the substance testing program to SBM, its agents, representatives, insurers and appropriate governmental agencies such as the state unemployment or worker' compensation commissions.

To the extent allowed by applicable law, I release and hold harmless, individually and collectively, each person or business entity involved in the sample request, collection, testing, evaluation, reporting and for any decisions, adverse or other wise, made concerning my application for employment, continued employment or benefits eligibility based on test results.

I understand that my failure or refusal to comply in all respects to the terms contained herein or a positive test result at the level established by SBM may be grounds to reject my application or rescind a conditional offer of employment or, if employed, disciplinary action up to and including termination.

I understand that if I am separated from SBM within 90 days after my first day of employment that I am responsible for any cost incurred for the initial substance testing. Upon 91 days after my employment, I am free from this obligation and SBM will assume the cost of the initial testing. I understand that if in the event that I am asked to take a substance test at any point in my employment with SBM and the results are positive, I am responsible for the cost of this testing. In either of these situations listed above, SBM will have the right to withhold the cost of the testing from my wages.

**Required Documents With Application: Drivers License & Social Security Card  
MANDATORY DRUG TESTING WILL BE REQUIRED BEFORE HIRING**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Were you previously employed by this company? Yes \_\_\_ No \_\_\_ If yes, dates \_\_\_\_\_

Have you ever been convicted of a felony, or pleaded no contest in a felony? Yes \_\_\_ No \_\_\_

Convicted of a misdemeanor resulting in imprisonment or a fine over \$500 Yes \_\_\_ No \_\_\_

Is there any reason you cannot perform the essential functions (\*see job description below) of the position/positions for which you are applying? Yes \_\_\_ No \_\_\_ If Yes, Explain \_\_\_\_\_

Who were you referred by? \_\_\_\_\_

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

### Job Description

The duties of each position include but are not limited to:

- Required to wear NON SLIP BLACK SHOES
  - Required to wear black pants
  - Working at least 2 shifts from Friday AM – Sunday PM
  - No sitting for up to 8 hours at a time
  - Lifting up to 50 lbs
  - Loading and unloading up to 50 lbs
  - Bending and carrying items above the head
  - Contact with shellfish, poultry, and beef
  - Working with open flames, 400 degree grease, and grill area
  - Working in temperatures that could exceed 80 degrees at times
  - Mopping, sweeping, and using cleaning agents and a positive attitude
  - Fast paced atmosphere that requires flexibility
- Other expectations to consider:
- Punctuality and Dependability
  - Making arrangements for personal and family issues before your shift
  - No foul language at any time
  - Courtesy to all co-workers, guests, and delivery personnel.
  - Integrity, Honesty, and Diligence
  - Good Attitude and Quality Work

I hereby certify that the following statements, as well as those on any attachment(s) to this form, to the best of my knowledge are true and correct and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment.

I authorize you to communicate with all my former employers, schools, officials, and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that, as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for continuation of salary, wages, or employment related benefits.

Applicants Signature \_\_\_\_\_ DATE \_\_\_\_\_