

Ride the Ducks of Seattle
516 Broad Street
Seattle, WA 98109

Application for Employment
(Please Print)

Ride the Ducks of Seattle considers applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other legally protected status.

Attention: If a question does not apply to you, mark that question, Not Applicable (N/A). Failure to answer every question may cause your application to be rejected.

Name: _____ Date: _____
Last First Middle Initial

Address: _____
Street City, State Zip Code

Phone No: _____ Social Security # : _____

Position(s) applied for: _____ Expected wage range? \$ _____

Hours and days Available for work: _____

Have you ever filed an application at Ride the Ducks of Seattle before? () Yes () No Date: _____

Do you have any relatives/friends, who have ever been employed by Ride the Ducks of Seattle? () Yes () No
If yes, please name: _____

Are you above the minimum legal working age? () Yes () No

Are you legally permitted to work in this country? () Yes () No

If yes, will you be prepared to produce proof at the time of hire, in accordance with the Immigration Reform and Control Act of 1986? () Yes () No

Do you have a sense of humor? () Yes () No

Have you ever been convicted of a felony? () Yes () No If yes, please explain fully: _____

- A positive response will not necessarily affect your eligibility to be hired.

Do you have any physical, mental, or medical condition that would interfere with your ability to perform the job for which you are applying? () Yes () No If yes, please explain: _____

Certain jobs require applicants to take and pass written or mechanical abilities tests. Do you have any physical, mental, or medical conditions that would interfere with your ability to perform any such tests. () Yes () No
If yes, please identify any accommodations that would assist you. _____

Special Qualifications:

Please list any additional achievements, extracurricular activities, member-ships and positions held, or special characteristics that may indicate your abilities to do the job for which you are applying. It is Important to describe fully.

Knowledge, Skills, Abilities:

Please identify completely any proven abilities, skills, or training that directly relates to the job for which you are applying. It is important to describe as fully as possible; use back of sheet if necessary.

Employment Experience:

Please list all periods of employment, military service, part-time employment and/or volunteer service you have performed during the last 3 years (use a separate sheet of paper if needed). Be very complete with no omissions. If you are a licensed CDL driver, please provide 10 years of work history, as required by DOT.

Employer: _____ **Phone Number:** _____

Address: _____ **Position (s):** _____
Street City, State Zip

Beginning Wage \$ _____ **Ending Wage \$** _____ **Immediate Supervisor:** _____

Dates Employed: _____ **To** _____ **Reason for Leaving:** _____

Description of Primary Responsibilities: _____

Subject to Federal Motor Carrier Safety Regulations? () YES () NO

Performed safety sensitive functions subject to DOT Controlled Substance/Alcohol Testing? () YES () NO

Employer: _____ **Phone Number:** _____

Address: _____ **Position (s):** _____
Street City, State Zip

Beginning Wage \$ _____ **Ending Wage \$** _____ **Immediate Supervisor:** _____

Dates Employed: _____ **To** _____ **Reason for Leaving:** _____

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Educational Opportunities and Training:

School	Name & Location	# Years	Diploma / Degree	Honors Rec'd	Course of Study
Trade					
Technical					
Business					
College					
Graduate					
Other					

Other					
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Military Service Record:

Have you ever served in the U.S. Armed Forces or Reserves? () Yes () No

If yes, what branch? _____ from: _____ to: _____

Beginning rank? _____ Rank at discharge? _____ Re-enlistment code? _____

Describe all job related Military Titles, Duties, and Training? _____

DRIVERS/CAPTAINS ONLY:

Past addresses (previous three years):

	Street	City, State ZIP	How long?
1			
2			
3			
4			
5			
6			

Driver's License	State	License Number	Type/Endorsements	Expiration Date

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
() YES () NO

2. Has any license, permit or privilege ever been suspended or revoked?
() YES () NO

If the answer to either of the above questions, attach a statement giving full details.

Driving Experience (past ten years):

Class of Equipment	Type of Equipment (Van/Tank/Etc.)	Dates		Approx. # Miles
		From	To	
Straight Truck				
Tractor/Semi-trailer				
Tractor/2-Trailer				
Other:				

Accident Record for the past three years or more (attach additional sheet, if necessary):

Date	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries

- A positive response will not necessarily affect your eligibility to be hired.

Traffic convictions and forfeitures for the past three years (other than parking violations):

Date	Location	Charge	Penalty

- A positive response will not necessarily affect your eligibility to be hired.

Please read the Agreement Completely:

- Ø I certify that the information and statements I have made in this application are correct and complete to the best of my knowledge.
- Ø I understand that false or misleading information may result in termination of employment.
- Ø I understand that Ride the Ducks of Seattle reserves the right to verify all information contained in this application through the use of background checks and/or consumer reports, both before and after an offer of employment.
- Ø I authorize Ride the Ducks of Seattle to contact my current employer and all former employers in order to conduct a reference check so that a hiring decision may be made. I also agree and authorize all employers, former employers, their representatives or any other person, the right and privilege to discuss and furnish Ride the Ducks of Seattle or its subsidiaries with all information regarding their record of my employment, service, character, performance, and reason for leaving. I hereby release any employer, former employers, their representatives or any other persons from any and all liability on account of any such information provided.
- Ø I agree to abide by all company policies and will obey the orders and instructions of my supervisors. I will also use and wear all safety appliances furnished to me by the company and will be careful in my work not to expose myself or my fellow workers to unnecessary dangers.
- Ø I understand that my employment may be contingent upon passing a pre-employment examination.
- Ø I understand that my employment may be contingent upon passing a Drug Test both before and after an offer of employment.
- Ø I acknowledge that no promise regarding employment has been made to me. I understand that an offer of employment does not constitute a contract, and that I have the right to terminate my employment at any time, and that the company has this same right.

My signature indicates agreement to the terms above and is given freely and without duress.

Signature _____ Date _____