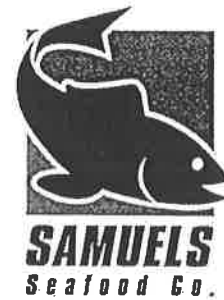


SAMUELS AND SON SEAFOOD CO.

3400 S. LAWRENCE ST. PHILADELPHIA, PA 19148



Employment Application

The Company uses the following procedures concerning its Employment Application. These procedures are to streamline the application process and to ensure compliance with various laws and regulations the Company follows in accepting and considering job applications. If you do not follow these procedures, your application will not be considered.

1. As used in this Application, "Company" refers to Samuels and Son Seafood Co.
2. The Application must be completed fully. A resume may be attached as a supplement, but it is not a substitution for fully, truthfully, and accurately completing the Application.
3. Do not list or identify on the application information that reveals your race, creed, color, national origin, age, religion, disability, or sex. You will be asked to voluntarily provide this information in a separate document the Company maintains as required by various laws.
4. Do not provide information that is not specifically requested.
5. The Company is proud to be an Affirmative Action/Equal Opportunity Employer, M/F/D/V.

Please **do not** call to check the status of your application. If there is interest in your application, you will be contacted by our Human Resources Department.

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

NOTICE: This Application is considered active for thirty (30) days from the above date. For further consideration after this date, a new application must be submitted.

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 question will not automatically eliminate you from consideration for employment.

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				

Are you currently unemployed? Yes ___ No ___
If yes, please give the date you were first unemployed Date _____

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

Specialized Skills

Complete if applicable to the position for which you are applying:

Clerical applicants:

How many words per minute do you type?	What are your computer skills?	What software applications do you use proficiently?	Other machines?
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Driving applicants: (A separate driver's qualification application must be completed)

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?

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 employment 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.

I agree to submit to any physical examination and/or lawful drug and alcohol integrity testing that may be required as a post-offer condition of employment. I understand that any offer of employment will be contingent upon successful results of a drug screen, physical examination, or background investigation applicable.

Applicant Signature _____

Date _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER SAMUELS AND SON SEAFOOD CO.

I hereby authorize you to release the following information to SAMUELS AND SON SEAFOOD CO. 3407 S. LAWRENCE ST. PHILA., PA 19148 for purposes of investigation as required by Sections 391.23, 391.89, and 382.413 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information. You have the right to review the information obtained from previous employers, to correct errors in that information, and rebut perceived incorrect information. The previous employer will have 15 days to respond to a driver request for a correction of erroneous information. If the driver chooses to submit a rebuttal, the previous employer has five days to forward the rebuttal to the prospective employer and to append a copy of the rebuttal to the driver's permanent safety performance history.

_____ Date

_____ Applicant Signature

PAST EMPLOYMENT INFORMATION (TRUCK DRIVER APPLICANTS)

Company name _____

Applicant's name _____ Social Security # _____

Employment dates _____ to _____

Position held _____

What type of motor vehicle did he/she operate for you? Straight truck Tractor/trailer Tractor/dump trailer

Other _____ Type of driving Local Over-the-road

Was he/she a safe and efficient driver? Yes No

Did he/she have any accidents while working for you? Yes No If yes, describe briefly _____

Reason for leaving employer? Discharged Resignation Layoff Other _____

Was his/her conduct satisfactory? Yes No If no, please explain _____

Did he/she get along with co-workers? Yes No With supervisors? Yes No

Did this driver have log problems? Yes No Late deliveries? Yes No

Would you rehire this driver? Yes No Upon review If no, why not? _____

While employed, was he/she subject to FMCSA Regulations? Yes No

While employed, was the job designated as a safety-sensitive function in any DOT-regulated mode subject to drug/alcohol testing? Yes No

PAST DRUG/ALCOHOL RESULTS

1. Has this person tested positive for a controlled substance in the last three years? Yes No

2. Has this person had an alcohol test with a breath alcohol concentration of 0.04 or greater in the past three years? Yes No

3. Has this person refused a required test for drugs or alcohol in the last three years? (Including verified adulterated or substituted drug test results.) Yes No

4. Has this individual violated any other DOT drug/alcohol regulation? Yes No

5. Have you received verification from any previous employers of this person that he/she violated DOT drug and/or alcohol regulations? (If yes, see below.) Yes No

If you answered yes to questions 1-4, please list the SAP (Substance Abuse Professional) for further reference.

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

If you answered yes to question 5, list past employer's name and phone number and which regulation was violated.

Name _____ Phone _____

Regulation violated _____

Signature _____ Print name _____

Title _____ Date _____

NOTE: Failure to furnish information as required by 49 CFR 382.405 and 382.413 is a violation of the Department of Transportation's regulations and may result in a fine and/or civil liability.

AFFIRMATIVE ACTION QUESTIONNAIRE

Date: _____

(Confidential and Voluntary)

Samuels and Son Seafood Co. are committed to an Affirmative Action Program which includes giving full consideration for employment to qualified individuals without regard to race, color, religion, gender or national origin. The following information is being requested of all applicants for employment. You're providing this information is strictly voluntary. The self-identification request is made in compliance with the regulations issued by the U.S. Department of Labor. Responses will be used for the purpose set forth in these regulations. Its purpose is to assist Samuels and Son Seafood Co. in monitoring its Affirmative Action Program and to aid in complying with required Governmental record keeping and periodic reporting. A copy of the AAP is available during normal business hours (call your local personnel office).

This information is not part of the employment application. It will be processed separately and will not be considered in the employment/selection process. If you choose to provide information, please complete the following:

Name: _____ Sex* Male
 Female

Social Security Number: _____

Job Applied for: _____

RACE/ETHNICITY (check one)*:

- American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black or African American** - A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Hispanic or Latino (All races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Hispanic or Latino (White race only)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.
- Hispanic or Latino (all other races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

APPLICANT SOURCE OF RECRUITMENT (check one)

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

* To comply with OFCCP regulations, a visual observation may be made to gather the above demographic data.