Samuels and Son Seafood Company Philadelphia, PA

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.
- The Company is proud to be an Affirmative Action/Equal Opportunity Employer, M/F/D/V.

| D ::: () | D ((A I' (' | , | |
|--|---------------------|-------------|--------------------------|
| Position(s) desired | Date of Application | / | |
| NOTICE: This Application is considered active for thirty (30) days fr date, a new application must be submitted. | om the above date. | For further | consideration after this |

PLEASE PRINT

| Person | al Intorma | tion | | | | | | |
|---|---------------------------|----------------------------------|-----------------------------|--------------------|----------------|---------------------|-------------|------------|
| Name | | -1 | First | | | NA'-L-II- | | |
| Address | La | | First | | | Middle | | |
| | Str | reet | City | | | State | Zip | |
| Telepho | ne | Mobile | | e-mail | | | | - |
| • | Are you ove | er the age of eighteen? | | [] Yes | [] No | | | |
| Have you been previously employed in the seafood business or by the Co | | | | [] Yes For who | [] No om? | If yes, when? | | |
| Are you legally eligible for employments | | | in the country? | [] Yes | [] No | | | |
| Are you currently on lay-off status atMay we contact your current employ | | - | | | [] No [] No | | | |
| Do you have any relatives employed by the Comp | | | the Company? | [] Yes | [] No | If yes, please list | t | |
| What ho | urs, shifts o | days are you seeking to wo | ork? | | | | | |
| Note: Ar | nswering "Ye | es" to the following question | will not automatically elii | minate you from | considera | tion for employme | ent. | |
| | - | dismissed, terminated, or fo | • | - | | [] Yes [] No | | |
| | | ate and details of each such | | | | li ies li ivo | | |
| | | | | | | | | |
| Skills a | nd Qualifi | cations | | | | | | |
| Summar | rize any train | ning, skills, licenses, and/or c | certifications that may qu | alify you for this | position. | | | |
| | | | | | | | | |
| C | | : | e with which were are fo | : | J:4: : f: | | | . fou thio |
| position. | | ipment you operate, softwar | e with which you are ia | miliar or any add | itional inic | ormation that may | quality you | for this |
| | | | | | | | | |
| | | | | | | | | |
| Educat | ion | | | | | | | |
| | | School Na | me, City, State | Last | Grade or | Diploma or | Course/ | 1 |
| 11: 1 0 1 | | | | | Completed | Degree | Major | 4 |
| High Scl | nool | | | | | | | |
| | Business, nal or Other | | | | | | | |
| Graduat Professi | e/ | | | | | | | |

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.

| | То | Employe | Telephone Telephone | | | |
|--|---|----------|--|-------------------|--|--|
| Job Title | l | 1 | Address, City, State, and Zip | | | |
| Immediate Supervisor & Title Jo | | | Job Duties | | | |
| Reason(s) for Lea | aving | | | | | |
| From | To | | | Telephone | | |
| From | То | Employe | Telephone | | | |
| Job Title | | | Address, City, State, and Zip | | | |
| Immediate Super | visor & Title | | Job Duties | Duties | | |
| Reason(s) for Lea | aving | | | | | |
| Firm | T | F | | Talah | | |
| From | То | Employer | • | Telephone | | |
| Job Title | Job Title Address, City, State, and Zip | | | | | |
| Immediate Supervisor & Title Job | | | Job Duties | | | |
| | | | | | | |
| Reason(s) for Lea | aving | | | | | |
| | | Employe | | Telenhone | | |
| Reason(s) for Lea | aving To | Employer | | Telephone | | |
| | | Employer | Address, City, State, and Zip | Telephone | | |
| From | То | Employei | | Telephone | | |
| From Job Title | To visor & Title | Employer | Address, City, State, and Zip | Telephone | | |
| From Job Title Immediate Super | To visor & Title | Employei | Address, City, State, and Zip | Telephone | | |
| From Job Title Immediate Super Reason(s) for Lea | visor & Title | | Address, City, State, and Zip | Telephone | | |
| From Job Title Immediate Super Reason(s) for Lea | visor & Title | | Address, City, State, and Zip Job Duties ersonal references please) | | | |
| From Job Title Immediate Super Reason(s) for Lea | visor & Title | | Address, City, State, and Zip Job Duties | Address/Telephone | | |
| From Job Title Immediate Super Reason(s) for Lea | visor & Title | | Address, City, State, and Zip Job Duties ersonal references please) | | | |
| From Job Title Immediate Super Reason(s) for Lea Professiona Name | visor & Title | | Address, City, State, and Zip Job Duties ersonal references please) Title/Company | Address/Telephone | | |

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.

| I agree to submit to any physical examination and/or lawful drug and alcohol integrity to | esting that may be required as a post-offer condition of |
|---|---|
| employment. I understand that any offer of employment will be contingent upon succes | essful results of a drug screen, physical examination, or |
| background investigation, if applicable. | |
| | |
| | |
| | |
| Applicant Signature | Date |

revised July 30, 2020



SAMUELS & SON SEAFOOD

APPLICANT AVAILABILITY FORM

Please complete the following schedule of your availability to work.

| | Available all day | Unavailable all day | Partially available (indicate times available including AM/PM) |
|---------------|-------------------|------------------------|--|
| Sunday | | | |
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Prospective E | mployee Sig | nature: | Date: |



VOLUNTARY SELF-IDENTIFICATION FORM

Samuels and Son Seafood Company is an equal opportunity employer and is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their gender and race/ethnicity. We request your voluntary cooperation to assist us in meeting our legal obligations and in analyzing the effectiveness of our equal opportunity efforts. Please note that the submission of this information is COMPLETELY VOLUNTARY. You will not be subject to discharge, discipline, or any other adverse treatment if you elect not to complete this form. This information will not be used in reaching a hiring decision. Information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes. When reported, data will not identify any specific individuals.

| Last | t Name: | First Name: |
|------|--|-------------------------|
| Midd | dle Initial: | Social Security Number: |
| | | |
| Gen | nder: Please check next to the appropriate categ | ory. |
| | ☐ MALE ☐ FEMALE | |
| | | |
| Race | e/Ethnicity: Please check one. | |
| | Hispanic or Latino | |
| | American Indian or Alaskan Native (Not Hispanic of | or Latino) |
| | Asian (Not Hispanic or Latino) | |
| | Black or African American (Not Hispanic or Latino) | |
| | Native Hawaiian or Other Pacific Islander (Not His | panic or Latino) |
| | White (Not Hispanic or Latino) | |
| | Two or more races | |