

SPECIAL SKILLS OR TRAINING: (Only if applicable)

List any training or job-related skills which should be considered:

OTHER PERSONAL INFORMATION:

Have you ever applied at Port Ludlow Associates? Yes No Year _____ Position _____

Have you ever been employed at Port Ludlow Associates? Yes No Year separated _____ Position _____

Do you meet the legal age requirements to handle alcoholic beverages? Yes No Under 18 years? Yes No

Port Ludlow Associates prohibits the employment of relatives in a reporting relationship. Please list name, position and relationship of any relative currently employed by Port Ludlow Associates. _____

Have you been convicted of any felonies? Yes No A conviction does not include those that have been judicially expunged, sealed or eradicated. (A conviction record will not necessarily disqualify an applicant. Factors such as age, seriousness, nature and time of offense, rehabilitation and job-relatedness will be taken into account.)

If yes, please describe in detail: _____

Are you able to perform the essential job functions for which you are applying? Yes No

REFERENCES:

List three persons to whom you are not related who are qualified to judge your training or capabilities, that we may contact.

Name _____ Business or occupation _____ Years known _____

Home or business address _____ Phone Number (____) _____

Name _____ Business or occupation _____ Years known _____

Home or business address _____ Phone Number (____) _____

Name _____ Business or occupation _____ Years known _____

Home or business address _____ Phone Number (____) _____

CERTIFICATION:

APPLICANT: Please read the following carefully and initial all statements before signing this application form.

_____ I authorize Port Ludlow Associates to solicit information regarding my character, general reputation, credit, previous employment and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release Port Ludlow Associates from any liability for future references it may provide regarding my work history with Port Ludlow Associates.

_____ I declare that my answers to the questions in this application are true to the best of my knowledge and belief. I understand that any false statements or omissions appearing on this or any other employment form or provided during the interview process will be sufficient reason not to hire me, and if discovered after my employment, may result in termination. If employed, I will abide by existing rules of Port Ludlow Associates and will abide by such rules and regulations as may become effective while I am so employed.

_____ I understand that my employment is "at will" which means that, if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. No one other than the President of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I understand that the policies and procedures of the Company are guidelines for the governance of employment and that the Company retains ultimate and complete discretion in the application and revision of such policies and procedures.

_____ Further, I understand that if I am employed by the Company, I will be required to be at my work station ready to start working at the time indicated. I further agree that, if employed, I will supply Port Ludlow Associates with documentation concerning my identity and authorization to work in the United States as required by The Immigration Reform and Control Act of 1986.

_____ If employed, I further agree that if Port Ludlow Associates advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I intentionally damage, or fail to return any PLA property, PLA is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Signature _____ Date _____