Application for Employment



Main Office 206-282-9979 or 800-544-2580 / Fax 206-283-9121

Please answer all q	uestions C	OMPLET	ELY. Write in	n N/A	where not a	applicab	ole.				
Last Name:				First Name:					Middle Initial:		
Permanent Street Address:									Apt No:		
City:		St			Stat	e:		Zip:			
Home Phone:	Mobile Phone:			Email Address:							
Do you have the legal right to work in the U.S.? (Proof of identity and legal right to work in the U.S. will be required AFTER hire.) Yes No											
Are you a former employee of this company? Yes No							If yes, list past employment dates:				
If so, under what r		F			Fro	om: To:		To:			
Do you have any relatives or friends employed here: Name of relative or friend employed here:											
How did you hear about us? Internet Word of Mouth Company Website Other If other please provide:											
POSITION(S) APPLIED FOR You must have a U.S. Coast Guard License or Certificate (MMC) for all positions except deckhand, wiper and cook.											
Captain (Requires at least 500 ton license) Chief Er									Chief Mate (Requires at least 500 on license)		
Second Mate (Requires at least A.B. Se			A.B. Seama	aman (Requires Coast Guard					Deckhand (No MMC Required)		
QMED / Oiler (MMC required) Wiper (Wiper (No N	(No MMC Required) Co				Cook (No MMC Required)			
What USCG license or certificate do you hold?											
USCG License Description:											
USCG Certificate (AB, QMED, etc.) Description:											
Have you operated any of the below warehouse equipment (Please check all that apply and list others that apply): Yard & Stay Cargo Gear Forklifts Manual / Electric Pallet Jacks Other:											
Please list work experience which may qualify you for this job:											
EDUCATION Check here if you received a GED rather than graduating from high school .											
School	Name / City					Did you graduate Ma			Major	Area of Study	
High School						Yes	N	10			
College						Yes	N	1 0			
Vocational	Vocational				Yes			Мо			
U.S. MILITARY SERVICE RECORD											
Service Branch	Highest Rank or Rating						Time of Service				

EMPLOYMENT HISTOR	Y Fill this s	ection out completel	y even if you are subn	nitting a resume.			
Employer:		City / State:		Phone Number:			
Title / Main Duties:							
From: To:			Supervisor's Name				
Reason for Leaving:	Voluntary	Resignation / Quit	Lay-off	Dismissed for Cause/Fired			
Still Employed: Yes	No	If so, may we cont	act your employer?	Yes No			
Employer:		City / State:		Phone Number:			
Title / Main Duties:							
From: To:			Supervisor's Name				
Reason for Leaving:	Voluntary	Resignation / Quit	Lay-off	Dismissed for Cause/Fired			
Still Employed: Yes	No	If so, may we cont	act your employer?	Yes No			
Employer:		City / State:		Phone Number:			
Title / Main Duties:				,			
From: To:			Supervisor's Name				
Reason for Leaving:	Voluntary	Resignation / Quit	Lay-off	Dismissed for Cause/Fired			
Still Employed: Yes	No	If so, may we cont	act your employer?	Yes No			
Employer:		City / State:		Phone Number:			
Title / Main Duties:				,			
From: To:			Supervisor's Name				
Reason for Leaving:	Voluntary	Resignation / Quit	Lay-off	Dismissed for Cause/Fired			
Still Employed: Yes	No	If so, may we cont	act your employer?	Yes No			
DECLARATION Please read this carefully.							
I certify that the information on this application is accurate and subject to verification. I understand that any misrepresentation or omission of facts or circumstances regardless of time of discovery may be sufficient cause for termination. I understand that all new employees are on a probationary period as outlined in the <i>Employee Handbook</i> . If hired, the employment is not for any specific period of time. Either party may terminate employment at any time and for any reason. I understand and agree that employment is conditional upon my submitting to and passing a drug screen test and a criminal background check. I understand that acceptance of this application by Coastal Transportation Inc. does not imply intention to hire me.							
Signature of Applican	t:			Date:			

An equal opportunity employer In completing this application and in answering any questions during the hiring process please do not disclose any disability you may have. If a job offer is made and you require reasonable accommodations, then at that time you should disclose any disability you have. Reasonable accommodations which are not an undue hardship will be provided to disabled persons in accordance with the American Disabilities Act.