



Date: _____

Application for Employment

NOTE TO APPLICANT: Please advise us in advance if you need any type of special accommodation to complete this Application for Employment form or to take any pre-employment test.

Qualified applicants are considered for all positions without regard to age, sex, race, color, religion, national origin, sexual orientation, disability, marital status, or veteran status. COAST is an equal opportunity employer that values diversity.

Instructions: Please answer all questions. If any question does not apply to you, write "no" or "not applicable" ("n/a"). Please provide at least three (3) references on a separate sheet and attach to this application.

As a matter of policy, COAST consistently checks both educational and employment references of all final candidates. For this reason, it is essential that all information be accurate and complete.

GENERAL INFORMATION

Last Name	First Name	Middle Initial
Current address – Street	Apt. #	City
	State	Zip
		How long have you lived there?
<i>If you have lived at your current address for fewer than 3 years, please list previous address(es):</i>		
Most recent previous address -- Street	Apt. #	City
	State	Zip
		How long did you live there?
Previous address -- Street	Apt. #	City
	State	Zip
		How long did you live there?
Telephone numbers: Home:	Work:	Cell:
E-mail address:	Are you legally authorized to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you at least 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been fired or asked to resign by an employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain.	
Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain. (<i>Note: a felony conviction is not an absolute bar to employment.</i>)	
Have you ever been convicted of a criminal charge that was not annulled? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain.	
Position desired:	Desired pay:	Date you would be available to start:
I am interested in: <input type="checkbox"/> Full Time (40 + hrs/wk) <input type="checkbox"/> Part Time (_____ hours per week max)		
How did you find out about this employment opportunity? <input type="checkbox"/> Mail-in <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee referral Please specify: _____ <input type="checkbox"/> Advertisement <input type="checkbox"/> Agency <input type="checkbox"/> Other referral		
Have you ever worked for COAST before? <input type="checkbox"/> No <input type="checkbox"/> Yes	If so, where?	When?
Have you ever applied with COAST before? <input type="checkbox"/> No <input type="checkbox"/> Yes	If so, where?	When?

EMPLOYMENT HISTORY

Please list past jobs in reverse chronological order, starting with your current or most recent position. Be sure to complete all questions for each job. If you are applying for a bus operator position, you must list all employment for the **previous 10 years**, including jobs held while in school or in the military. Please ask for additional form(s) if necessary.

Employer's Name

Address

Dates Employed (MO/YR)
From: To:

Start: Salary Leave:

Supervisor's Name and Title

Supervisor's Phone Number

May we contact? Yes No

Position(s) Held – briefly explain your duties, responsibilities and number of people supervised:

Reason for leaving:

Employer's Name

Address

Dates Employed (MO/YR)
From: To:

Start: Salary Leave:

Supervisor's Name and Title

Supervisor's Phone Number

May we contact? Yes No

Position(s) Held – briefly explain your duties, responsibilities and number of people supervised:

Reason for leaving:

Employer's Name

Address

Dates Employed (MO/YR)
From: To:

Start: Salary Leave:

Supervisor's Name and Title

Supervisor's Phone Number

May we contact? Yes No

Position(s) Held – briefly explain your duties, responsibilities and number of people supervised:

Reason for leaving:

ACTIVITIES

List current or past membership in civic, professional or other organizations which may provide relevant information or experience that further qualifies you for the position you are applying for. *

*Exclude those that indicate race, color, sex, age, national origin, disability, religious preference, or marital status.

SUMMARY OF QUALIFICATIONS

This space is provided for you to briefly summarize any additional qualifications you believe are important in considering your application.

APPLICANT'S STATEMENT

I certify that all statements made on this Application for Employment and in any subsequently executed medical questionnaire or any other employment documents are true and correct. I understand that any false information that I give may result in termination of my candidacy or any subsequent employment.

If an employee relationship is established, I understand that such employment is terminable at will by myself or COAST, at any time, for any reason, with or without cause, and with or without notice. I also understand that any period of employment is not for a specific duration. In addition, I understand that no one is authorized to make oral exceptions to this policy, and written exceptions are permitted only when the Executive Director of COAST signs them.

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during COAST's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I authorize COAST and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that COAST and its agents may conduct background evaluations including, but not limited to, criminal history checks from federal, state or local authorities to ascertain any and all information of concern, whether same is of record or not, and I hereby expressly authorize such inquiries and release all employers and persons named herein from all liability for any damages on account of their furnishing such information.

I authorize COAST and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that COAST and its agents may obtain information including, but not limited to, Department of Transportation (DOT) mandated Pre-employment, refusals to test, alcohol tests of >.04, other violations of the DOT alcohol and drug rules, and return to duty and follow-up testing compliance, as applicable and I hereby expressly authorize such inquiries and release all employers and persons named herein from all liability for any damages on account of their furnishing such information. I acknowledge that any offer of employment is conditioned upon my taking a drug screen and COAST's receipt of satisfactory results of such a test and, if necessary to determine ability to perform essential duties of the position offered, the results of a physical examination.

I certify that I have read, understand, and agree to the above.

Applicant's Signature: _____ Date: _____

Note: This Application for Employment will be considered active for 90 calendar days.
After 90 calendar days, you must reapply for available positions.