



Date: _____

Office Use Only: Received Date: _____

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

COAST is committed to the philosophy that all applicants and employees are entitled to equal employment opportunities and does not discriminate against its applicants or employees because of race, sex, religious creed, national origin, ancestry, sexual orientation, disability, veteran status, age, or any other protected group status.

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

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. (Note: a felony conviction is not an absolute bar to employment.)				
Have you ever been arrested for or convicted of a crime that has not been annulled by a court? <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 <input type="checkbox"/> Part Time (_____ hours per week max)					
How did you find out about this employment opportunity?					
<input type="checkbox"/> COAST website <input type="checkbox"/> Internet <input type="checkbox"/> Employee referral <i>Please specify:</i> _____ <input type="checkbox"/> Sign on street <input type="checkbox"/> Advertisement <input type="checkbox"/> Agency <input type="checkbox"/> Other: _____					
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?	

EDUCATION

	Name and location of school or college	Circle highest grade/year completed	Grade average	Did you graduate?	Course of study
High School and/or G.E.D.		9 10 11 12			
College		1 2 3 4			Degree: Major(s):
Trade, Correspondence or Graduate School					Degree: Major(s):

Foreign language(s) spoken or read: _____

DRIVER'S LICENSE

- Do you have a valid commercial driver's license (CDL)? Yes No State: _____
- If you hold a valid CDL: Class _____ (A/B/C) Passenger endorsement? Yes No Qualified for air brakes? Yes No
- A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B) Has any license, permit or privilege ever been suspended or revoked? Yes No
- C) Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulation? Yes No
- D) Have you in the past two (2) years failed or refused a DOT-mandated pre-employment test? Yes No

IF THE ANSWER TO A, B, C OR D IS YES, PLEASE ATTACH A STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE

	Class of Equipment	Type (e.g., box/flat, transit/charter/school, etc.)	Dates of Employment From: To:	Approx. Number of Miles Total
Truck				
Bus				
Other				

If you have driven a bus before: Primarily for what company or school district? _____

List states operated in for last five years: _____

List special courses or training that will help you as a driver: _____

List any special driving awards you have received: _____

ACCIDENT REVIEW FOR PAST 3 YEARS (Attach additional sheet if more space is needed)

	Date of Accident	Nature of accident (head-on, rear-end, etc.)	Fatalities	Injuries
Last accident				
Previous accident				
Next previous accident				

I have never been involved in a collision. (Please check box ONLY if you have never been involved in a collision, regardless of fault.)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)

Location	Date	Charge penalty

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	<u>Dates Employed (MO/YR)</u>		Start:	<u>Salary</u>	Leave:
	From:	To:			

Supervisor's Name and Title	Supervisor's Phone Number	May we contact? <input type="checkbox"/> Yes	<input type="checkbox"/> No
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Position(s) Held – briefly explain your duties, responsibilities and number of people supervised:

Reason for leaving:

Employer's Name

Address	<u>Dates Employed (MO/YR)</u>		Start:	<u>Salary</u>	Leave:
	From:	To:			

Supervisor's Name and Title	Supervisor's Phone Number	May we contact? <input type="checkbox"/> Yes	<input type="checkbox"/> No
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Position(s) Held – briefly explain your duties, responsibilities and number of people supervised:

Reason for leaving:

Employer's Name

Address	<u>Dates Employed (MO/YR)</u>		Start:	<u>Salary</u>	Leave:
	From:	To:			

Supervisor's Name and Title	Supervisor's Phone Number	May we contact? <input type="checkbox"/> Yes	<input type="checkbox"/> No
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Position(s) Held – briefly explain your duties, responsibilities and number of people supervised:

Reason for leaving:

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 & PRE-EMPLOYMENT INQUIRY RELEASE

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.

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 understand that inquiries will be made concerning my employment and education histories, Social Security number verification, driving records, criminal background, sex offender registry, fraud and abuse, DOT mandated drug and alcohol testing and other related matters. Accordingly, I hereby authorize all former employers and all other public and private concerns to release any and all information maintained by any such employer, concern, agency, or entity concerning my personal history.

In consideration of COAST's acceptance and consideration of my application for employment, I hereby and by these presents do for my heirs, agents, executors, administrators, and assigns, release and forever discharge COAST and all affiliated entities from all claims, demands, damages, actions, and causes of action pertaining to or arising out of COAST's consideration of my application for employment and use, so long as not malicious, of all information obtained in the course or as a result of all inquiries made into my personal history, and release and forever discharge all former employers, and all other public and private concerns from all liability arising out of disclosure to COAST of information pertaining to my personal history, including but not limited to the release of copies of any documents contained in any files maintained by said former employers or other public or private concerns relating in any manner to me.

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 satisfactory results of a physical examination.

If an employee relationship is established, I understand that such employment is terminable at will by me 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 certify that I have read, understand, and agree to the above.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____

Note: This Application for Employment will be considered active for 90 calendar days.
After 90 calendar days, you must reapply for available positions.
Copies of this release shall be as effective as the original.



Position Applied for: _____

APPLICANT/EMPLOYEE VOLUNTARY SELF-IDENTIFICATION FORM

COAST believes that all persons are entitled to equal employment opportunities and does not discriminate against its applicants or employees because of race, sex, religious creed, national origin, ancestry, sexual orientation, disability, veteran status, age, or any other protected group status. COAST is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations.

To comply with these laws and regulations, COAST invites you to voluntarily self-identify your sex, race, and ethnicity. Submission of this information is voluntary and you do not have to provide this information if you prefer not to. Your decision to self-identify or decline will have no effect on your application or its consideration. The information provided on this form will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, the data will not identify any specific individual.

This form will be kept in a confidential file separate from your application for employment.

Please complete this section:

Name: _____ Date: _____
Last First Middle

Address: _____
Number and Street

City: _____ State: _____ Zip Code: _____

Sex: Male Female

Please check only one of these boxes (the option to decline is the last box):

FEDERAL RACE & ETHNICITY CATEGORIES

- American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian (Not Hispanic or Latino):** 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, or Vietnam.
- Black or African-American (Not Hispanic or Latino):** A person having origins in any of the black racial groups in Africa.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or more races:** All persons who identify with more than one of the above categories.
- I decline the opportunity to participate in the voluntary self-identification process.

Signature: _____ Date: _____