



If yes, please explain: \_\_\_\_\_

Do you have your own reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide all detail (conviction of a crime will not automatically disqualify you from employment) \_\_\_\_\_

Have you ever been employed by Coastal Workshop / Coastal Opportunities? \_\_\_\_\_

If so give date and reason for leaving \_\_\_\_\_

Referred to Coastal Opportunities by \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for other types of work at Coastal Opportunities? \_\_\_\_\_

**Education:**

<u>Name and Location</u>	<u>Major/Degree</u>	<u>Graduated</u>	<u>Years Completed</u>
High School:			
_____	_____	_____	_____
College:			
_____	_____	_____	_____
Trade / Business School:			
_____	_____	_____	_____

Describe any educational course(s), Program(s) you are enrolled in and indicate the target date for completion. \_\_\_\_\_

List other work experiences and/or skills, knowledge, talents, business licenses, or other job-related experiences not covered elsewhere: \_\_\_\_\_

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List below all current and former employers, beginning with the most recent. Account for all periods between jobs. Include US Military service, branch of service, dates of duty, rank at discharge and whether honorable or dishonorable discharge. Attach separate sheets if necessary.

Name and address of Employer: \_\_\_\_\_

Name and telephone number of supervisor: \_\_\_\_\_

Your title and duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Date Employed: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name and address of Employer: \_\_\_\_\_

Name and telephone number of supervisor: \_\_\_\_\_

Your title and duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Date Employed: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name and address of Employer: \_\_\_\_\_

Name and telephone number of supervisor: \_\_\_\_\_

Your title and duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Date Employed: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Which employers may we contact? 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Applicant Responses:** I represent that my responses set forth in this application are truthful, accurate, and complete. Any and all false or inaccurate statements made by me in this application or otherwise during the employment evaluation process shall be grounds both for rejecting my application for employment and, should I be hired by Coastal Opportunities, termination of my employment.

**References:** I authorize representatives of Coastal Opportunities to contact educational institutions, state and federal agencies to conduct criminal history records checks and employers designated in the application for purposes of verification and investigation of my educational, criminal record and employment background and performance. Such individuals and organizations are authorized to release such information as may be requested by Coastal Opportunities representatives. I hereby release all such persons from liability of damages incurred as a result of furnishing such information. I understand that an unsatisfactory reference shall be grounds for rejecting my application for employment and, should I be hired by Coastal Opportunities, termination of my employment.

**Investigations:** Should I be employed by Coastal Opportunities, I understand that I could be subject to an outside probe if accused of wrongdoing.

**Medical Examinations:** Coastal Opportunities desires to maintain a safe and healthy working environment for the benefit of all employees. Where there is a reasonable question as to whether or not I can safely perform the duties of my job due to my physical or mental condition. Coastal Opportunities shall have the right to require that I submit to physical or mental examinations for purposes of receiving medical confirmation that I can safely perform the duties of my job. Any and all such examinations shall be for job-related purposes only and shall be performed by a medical advisor or advisors selected and paid for by Coastal Opportunities. I hereby release all such information to Coastal Opportunities and waive any right of confidentiality,

**Non- Binding application and interview process:** Submission of the application does not entitle me to be interviewed by Coastal. Further, nothing in this application or in the employment evaluation process shall be constructed as either an offer of employment or an obligation on the part of Coastal Opportunities to provide any benefit to me.

**Duration of this application:** This application shall be pending, unless withdrawn by me, until Coastal Opportunities makes a decision on whether or not to hire me or until the 30<sup>th</sup> day after submission of this application to Coastal Opportunities, whichever occurs first. If no action is taken on my application within the 30 day period, I understand that I must re-apply to Coastal Opportunities in order to be considered for employment. Coastal Opportunities, I agree to comply with any and all employment rules and policies of Coastal Opportunities.

After reading all of the terms of this application, I hereby affirm that I understand and agree to the provisions of the same. I also agree that my employment with the Company is on an "AT WILL" basis, meaning that such employment may be permanently discontinued by either the Company (through discharge or lay off) or myself (through voluntary quitting) at any time without notice and without recourse of any kind by either party. I expressly agree and understand that this is the entire agreement between the company and me on the subject of discharge, termination and/or lay-off, and it may be changed only by an agreement in writing signed by the Executive Director of the Company. I agree to conform to the Company's rules and I also agree that I shall be subject to other conditions which the company may adopt. I affirm that the information in this application is true and complete and any intentional deception herein may be considered sufficient cause for dismissal.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_