

# Application for Employment



4025 13<sup>th</sup> Ave W. Seattle, WA 98119

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

Please answer all questions COMPLETELY. Write in N/A where not applicable.

Last Name:		First Name:		Middle Initial:
Permanent Street Address:				Apt No:
City:			State:	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 <u>AFTER</u> hire.)    Yes        No				
Are you a former employee of this company?    Yes        No			If yes, list past employment dates:	
If so, under what name?			From:	To:
Do you have any relatives or friends employed here?    Yes        No		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 Engineer (1500-3000 HP DDE license okay)	Chief Mate (Requires at least 500 ton license)
Second Mate (Requires at least 500 ton license)	A.B. Seaman (Requires Coast Guard MMC, OSV, Towing, Fishing are okay)	Deckhand (No MMC Required)
QMED / Oiler (MMC required)	Wiper (No MMC Required)	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		Major Area of Study
High School		Yes	No	
College		Yes	No	
Vocational		Yes	No	

**U.S. MILITARY SERVICE RECORD**

Service Branch	Highest Rank or Rating	Training / Work Experience	Time of Service

*EMPLOYMENT HISTORY Fill this section out completely even if you are submitting a resume. Fishermen, if you were paid by shares please list your average yearly income from fishing rather than share percentage.*

Employer:		City / State:		Phone Number:
Title / Main Duties:				
From:	To:	Starting Pay	Ending Pay	Supervisor's Name
Reason for Leaving: Voluntary Resignation / Quit Lay-off Dismissed for Cause/Fired				
Still Employed: Yes No		If so, may we contact your employer? Yes No		
Employer:		City / State:		Phone Number:
Title / Main Duties:				
From:	To:	Starting Pay	Ending Pay	Supervisor's Name
Reason for Leaving: Voluntary Resignation / Quit Lay-off Dismissed for Cause/Fired				
Still Employed: Yes No		If so, may we contact your employer? Yes No		
Employer:		City / State:		Phone Number:
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From:	To:	Starting Pay	Ending Pay	Supervisor's Name
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Still Employed: Yes No		If so, may we contact 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 *Employee Handbook*. 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 Applicant:	Date:
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**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.