



## APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

We are an equal opportunity employer, dedicated to a policy on non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

\*\*All applicants must provide a current DMV report when applying for a position that may require driving a company vehicle\*\*

### GENERAL

Position applied for: \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_

### DATE AVAILABLE FOR EMPLOYMENT \_\_\_\_\_

Do you meet state minimum age requirement for employment?  Yes  No

If employed and under 18, can you furnish a work permit?  Yes  No

Have you ever been employed by this company? If yes when \_\_\_\_\_  Yes  No

Do you have any relatives employed by this company? Who \_\_\_\_\_  Yes  No

Are you employed now? If so give reason for desired change. \_\_\_\_\_  Yes  No

May we contact your present & former employers?  Yes  No

If yes, give name: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?  Yes  No

Have you had a name change? If yes, give previous name \_\_\_\_\_  Yes  No

Do you have any potential conflict of interest in working for Coastal Equipment Corp?  Yes  No

If yes explain: \_\_\_\_\_

Do you understand the importance of keeping employer information confidential?  Yes  No

Type of work desired: \_\_\_\_\_

If applying for a position where driving is required-Do you have a valid driver's  Yes  No

license in this state? License # \_\_\_\_\_

Can you perform the essential functions of the job(s) for which you are applying?  Yes  No

Are you available to work  FULL-TIME  PART-TIME  OVER-TIME

Have you been convicted of a crime/felony?  Yes  No

(Please note that a "Yes" answer will not bar you from consideration for employment.)

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

Emergency Contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

504 S. Military Highway, Virginia Beach, Virginia 23464 (757) 424-1900 Fax: (757) 523-5635

333 Freedom Boulevard, Yorktown, Virginia 23692 (757) 898-1900 Fax: (757) 898-5407

www.coastalequipment.net



**JOHN DEERE**

**HITACHI**

**EDUCATION**

	<u>Elementary</u>	<u>Secondary</u>	<u>College</u>	<u>Graduate</u>
School Name & Address	_____	_____	_____	_____
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			_____	_____
Course of Study	_____	_____	_____	_____

**SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:**

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

List three (3) non-relatives who are familiar with your qualifications and actual work history and ability. Do not list former employers in this section.

<u>Name</u>	<u>Occupation/Relationship</u>	<u>Years Known</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT EXPERIENCE – Start with most recent**

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Your Job Position \_\_\_\_\_

Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)

Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

2) Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_(mo/yr) to \_\_\_\_\_(mo/yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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3) Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_(mo/yr) to \_\_\_\_\_(mo/yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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4) Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_(mo/yr) to \_\_\_\_\_(mo/yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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5) Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_(mo/yr) to \_\_\_\_\_(mo/yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. By signing below, I authorize Coastal Equipment Corp. to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that if I am employed any false information provided by me, no matter when discovered, may be sufficient cause for dismissal. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications. Employment is at will and can be terminated by the employer at any time. Applicant's signature gives employer consent to check references, verify information & obtain reports from consumer reporting agencies. Applicant agrees that by signing the form, he or she will hold prospective employer harmless for any result of reference check. Employment is subject to passing a drug test.

If hired I will be responsible for familiarizing myself with all rules and regulations of Coastal Equipment Corp. as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of Coastal Equipment Corp. or at my option, without notice, at any time and for any reason. All employees are hired on a 90 day probation period.*

I also understand that no representative of Coastal Equipment Corp. has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

I understand this application is not an offer of employment and no promises or representations of employment have made to me at this time.

**I have read, understand, and agree with the above.**

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Signature of Applicant

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Date

*This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.*