



FIELD EMPLOYMENT APPLICATION

HR Review _____

Hub Zone _____

Employee Information

Name: _____ Daytime Phone: _____ SS#: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Position(s) applied (check all that apply): Full Time Part Time
 Laborer Operator Repair Crew Driver Equipment Maintenance/Yard Foreman
 Referred by: _____
 Are you a member of any Union? Yes No If Yes; Local Number _____

Employment History

Last Three Employers:

| Company | Contact | Phone Number |
|---------|---------|--------------|
| | | |
| | | |
| | | |

Licenses /Certifications/Training (date of last certification/training)

Lead: _____ Asbestos: _____ Scaffold: _____ Union: _____
 Hazwoper 40 Hr. _____ Hazwoper 8 Hr _____ Equipment _____
 CDL Class A _____ Class B: _____ OSHA 30 Hr: _____ OSHA 10 Hr.: _____
 Confined Space _____ First Aid _____ CPR: _____ Other: _____

EEO Data Collection

Coastal Environmental Group, Inc. is an equal opportunity employer. As part of our efforts to ensure fair treatment of women, minorities, individuals with disabilities, and veterans, we ask applicants to supply the following information. However, you do not have to complete this section to be considered for employment. Any information volunteered will be kept confidential and will not be used to make hiring decisions

Gender (check one): Male Female **Are you a veteran? (check one)** Yes No

Race (check one):

- White (not Hispanic or Latino) Hispanic or Latino Black or African American
 Native Hawaiian or Other Pacific Islander Asian American Indian or Alaska Native

Disability Awareness

If you have a disability that requires accommodation to perform this position, please explain what accommodations would allow you to handle this job successfully:

Security Checks

Security checks will be run on criminal background, exclusion party list and employment verification. Have you ever been convicted of a felony?

Yes No Please explain (Mo/Yr/Conviction)

I certify that I am physically capable of performing the work required, including working from ladders and scaffolds, and in confined spaces. I certify that all information on this form is correct to the best of my knowledge. I understand that omissions or deliberate misinformation will disqualify my application and, if hired, would serve as grounds for dismissal.

Signature

Date