



OFFICE EMPLOYMENT APPLICATION

HR Review _____

Hub Zone _____

Employee Information

Name: _____ Daytime Phone: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

 Full Time Part Time Temporary

Position Applied For: _____ Referred by: _____

Are you a member of any Union? Yes No If Yes; Local Number _____

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)

Education

For each level of schooling listed below, please give the school name, city and state, major and subjects and degree of diploma received.

High School _____

College _____

Business, Trade or Other Schools _____



OFFICE EMPLOYMENT APPLICATION

Work History

Starting with your current or most recent position, please complete for the last three companies worked:

Last Three Employers

Name of Employer:

Employer's Address:

Dates Employed:

Job Title(s) Held:

Job Responsibilities:

Immediate Supervisor(s):

Phone No.:

Name of Employer:

Employer's Address:

Dates Employed:

Job Title(s) Held:

Job Responsibilities:

Immediate Supervisor(s):

Phone No.:

Name of Employer:

Employer's Address:

Dates Employed:

Job Title(s) Held:

Job Responsibilities:

Immediate Supervisor(s):

Phone No.:

Professional References

Name:

Job Title(s) Held:

Company:

Address:

Phone Number:

Relationship:

Name:

Job Title(s) Held:

Company:

Address:

Phone Number:

Relationship:

Name:

Job Title(s) Held:

Company:

Address:

Phone Number:

Relationship:



OFFICE EMPLOYMENT APPLICATION

Applicant Consent

Please read each of the following statements and place your initials on the line provided to indicate that you understand and agree to the terms stated, then sign and date this application.

_____ I certify that all information I have supplied 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.

_____ I consent to have Coastal Environmental Group, Inc. contact the people listed on this form for references and authorize these individuals to provide truthful information regarding my qualifications for employment and previous work. I also agree to waive liability against persons named as references, provided the information they supply is honest, factual and given without malice.

Applicant Signature

Date