

# Employment Application

PLEASE PRINT OR TYPE ALL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
APPLICATION FOR POSITION OF:	TODAY'S DATE	DATE AVAILABLE
EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OTHER		
<input type="checkbox"/> OTHER - PLEASE EXPLAIN:		
PRESENT ADDRESS – Street, City, State & Zip Code:		PHONE NUMBER – Include Area Code
MAILING ADDRESS – If Different From Above:		
PROVIDE ANY DIFFERENT NAMES YOU HAVE UTILIZED SINCE AGE 18.		

Do You Have A Reliable Source Of Transportation To And From Work?  YES     NO  
 Do You Have A Valid Drivers License? (Applicable only for certain positions)  YES     NO  
 Are You At Least 18 Years Of Age?  YES     NO  
 Are You Legally Eligible To Work in the United States?  YES     NO

EDUCATION & TRAINING					
DID YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME AND LOCATION OF HIGH SCHOOL:					
TRAINING BEYOND HIGH SCHOOL ( College, University or Other Schools )					
SCHOOL NAME & LOCATION	NUMBER OF YEARS ATTENDED	CREDITS EARNED	MAJOR FIELD	GPA / BASIS	DEGREE EARNED
DESCRIBE ANY OTHER EDUCATION OR TRAINING WHICH YOU FEEL IS RELEVANT TO THE JOB(S) FOR WHICH YOU ARE APPLYING. ALSO INCLUDE RELEVANT LICENSES & CERTIFICATIONS. BE SPECIFIC.					

Do you have any pending criminal charges against you?  YES     NO  
 Have you ever been convicted of a crime, regardless of whether it was a felony or misdemeanor?  YES     NO

If you answered yes to either criminal background inquiries above, provide the date and county of the pending charge or conviction, the type of charge or conviction, and an explanation. (A pending charge or prior conviction will not automatically bar you from employment.)

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Prior Military Service     YES     NO

Branch: \_\_\_\_\_

Years: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Were you Honorably Discharged?     YES     NO

If no, explain: \_\_\_\_\_

**WORK EXPERIENCE:** Provide a complete description of all jobs. Be specific. Start with your most recent job. For part-time work, show the average number of hours per week. Indicate any changes in job title with the same employer as a separate job.

Employer	Type of Business	Location (Street Address, City, State, Zip Code)
Job Title	Reason for Leaving	
Name of Supervisor	Length of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Job Duties	From (Month & Year)	To (Month & Year)
	Beginning Pay \$	Ending Pay \$
Employer	Type of Business	Location (Street Address, City, State, Zip Code)
Job Title	Reason for Leaving	
Name of Supervisor	Length of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Job Duties	From (Month & Year)	To (Month & Year)
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Job Duties	From (Month & Year)	To (Month & Year)
	Beginning Pay \$	Ending Pay \$

MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER?  YES NO FORMER EMPLOYER?  YES  NO

HAVE YOU WORKED FOR CMG BEFORE?  YES  NO DURATION? \_\_\_\_\_

HAVE YOU EVER DONE ANY VOLUNTEER WORK? ?  YES  NO IF YES, DESCRIBE:

REFERENCES (List three other than former employers or relatives.)		
NAME	COMPANY	PHONE
NAME	COMPANY	PHONE
NAME	COMPANY	PHONE

BY MY SIGNATURE BELOW, I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of Coach Marine Group's to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, sexual orientation, or pregnancy, and to afford equal opportunities to disabled veterans, individuals with a disability, and any and other characteristic protected by federal, state or local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release Coach Marine Group from all liability that might result from making an investigation.

I acknowledge that I will be subject to a pre-employment drug screening and background check if a conditional offer of employment is made by CMG.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE \_\_\_\_\_

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

HOW DID YOU LEARN OF OUR JOB OPENINGS?  EMPLOYEE  SOCIAL MEDIA  INDEED  OTHER \_\_\_\_\_