

# EMPLOYMENT APPLICATION

## Coastal Industrial Contractors Inc.

**P.O. Box 6127 • D'Iberville, Mississippi 39540**  
**Telephone (228) 396-2120 • Fax (228) 396-2198**

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, physical handicap or any other legally protected status. Additional testing of job-related skills and for the presence of drugs in your body will be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review.

**ALL EMPLOYEES ARE REQUIRED TO COMPLETE PRE-EMPLOYMENT AND RANDOM DRUG SCREENS.**

POSITION APPLIED FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

### AVAILABILITY

Due to the nature of our work, overtime and weekend hours may be required. What date can you start? \_\_\_\_\_

### JOB-RELATED SKILLS

- Yes  No    If the job requires, do you have the appropriate valid driver license?  
 Name on license \_\_\_\_\_ DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_
- Yes  No    Have you had any moving violations within the last seven years? Please describe: \_\_\_\_\_
- Yes  No    Have you been given a job description or had the essential functions of the job explained to you?
- Yes  No    Do you understand these essential functions?
- Yes  No    Can you perform the essential functions of this job?

Please list any skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SECURITY

List states and counties of residence for the past seven years: \_\_\_\_\_

\_\_\_\_\_

Yes  No    Have you used any names or Social Security Numbers other than given above? If yes, please list.

\_\_\_\_\_

Yes  No    Are you legally entitled to work in the U.S.?

Yes  No    Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below.  
 Applicant is not obligated to disclose any reference to a pre or post trial diversion program, any conviction which has been sealed, expunged or erased by the court. Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.

Incident	City/State	Charge

**PREVIOUS EMPLOYERS**

**MOST RECENT EMPLOYER:** \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Are you currently working for this employer?  Yes  No If yes, may we contact?  Yes  No

**SECOND MOST RECENT EMPLOYER:** \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Are you currently working for this employer?  Yes  No If yes, may we contact?  Yes  No

**THIRD MOST RECENT EMPLOYER:** \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Are you currently working for this employer?  Yes  No If yes, may we contact?  Yes  No

**REFERENCES**

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

NAME	ADDRESS / PHONE	YEARS KNOWN / RELATIONSHIP
_____	_____	_____
_____	_____	_____

**EDUCATION**

NOTE: Do not fill out any part of this section you believe to be non-job related.

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

	NAME	CITY / STATE	GRADUATED Y/N	DEGREE TYPE
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE