

Application for Employment



4025 13th Ave W. Seattle, WA 98119

Main Office 206-282-9979 or 800-544-2580 / Fax 206-283-9121

Please answer all questions COMPLETELY. Write in N/A where not applicable.

Last Name:		First Name:		Middle Initial:
Permanent Street Address:				Apt No:
City:			State:	Zip:
Home Phone:	Mobile Phone:	Email Address:		
Do you have the legal right to work in the U.S.? (<i>Proof of identity and legal right to work in the U.S. will be required AFTER hire.</i>) Yes No				
Are you a former employee of this company? Yes No			If yes, list past employment dates:	
If so, under what name?			From:	To:
Do you have any relatives or friends employed here? Yes No		Name of relative or friend employed here:		
How did you hear about us? Internet Word of Mouth Company Website Other				
If other please provide:				

POSITION APPLIED FOR Check all that apply.

Warehouse / Terminal	Longshore	Shop / Maintenance	Office	Other
Work Availability: Full Time Part Time If part time indicate available hours:				
Have you operated any of the below warehouse equipment (<i>Please check all that apply and list others that apply</i>): Yard & Stay Cargo Gear Forklifts Manual / Electric Pallet Jacks				
Other:				
Please list work experience which may qualify you for this job:				

EDUCATION Check here if you received a GED rather than graduating from high school

School	Name / City	Did you graduate		Major Area of Study
High School		Yes	No	
College		Yes	No	
Vocational		Yes	No	

U.S. MILITARY SERVICE RECORD

Service Branch	Highest Rank or Rating	Training / Work Experience	Time of Service

EMPLOYMENT HISTORY Fill this section out completely even if you are submitting a resume.

Employer:	City / State:	Phone Number:
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Title / Main Duties:

From:	To:	Starting Pay	Ending Pay	Supervisor's Name
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Reason for Leaving: Voluntary Resignation / Quit Lay-off Dismissed for Cause/Fired

Still Employed: Yes No If so, may we contact your employer? Yes No

Employer:	City / State:	Phone Number:
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Title / Main Duties:

From:	To:	Starting Pay	Ending Pay	Supervisor's Name
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DECLARATION Please read this carefully.

I certify that the information on this application is accurate and subject to verification. I understand that any misrepresentation or omission of facts or circumstances regardless of time of discovery may be sufficient cause for termination. I understand that all new employees are on a probationary period as outlined in the *Employee Handbook*. If hired, the employment is not for any specific period of time. Either party may terminate employment at any time and for any reason. I understand and agree that employment is conditional upon my submitting to and passing a drug screen test and a criminal background check. I understand that acceptance of this application by Coastal Transportation Inc. does not imply intention to hire me.

Signature of Applicant:	Date:
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An equal opportunity employer In completing this application and in answering any questions during the hiring process please do not disclose any disability you may have. If a job offer is made and you require reasonable accommodations, then at that time you should disclose any disability you have. Reasonable accommodations which are not an undue hardship will be provided to disabled persons in accordance with the American Disabilities Act.