



COASTAL HELICOPTERS, INC.

8995 YANDUKIN DRIVE JUNEAU, AK 99801

(907) 789-5600 FAX (907) 789-5528

WWW.COASTALHELICOPTERS.COM

For Year Round Employment E-mail : lhaffner@coastalhelicopters.com

For Seasonal Employment E-mail : dgrimes@coastalhelicopters.com

NOTICE of FAA DRUG TESTING: To the extent required by FAA regulations, Coastal Helicopters, Inc. tests covered employees for alcohol and the following 6 controlled substances: PCP, Cocaine, Amphetamines, Marijuana, MDMA and Opiates.

ALL APPLICANTS are tested prior to employment. Applicants may be subject to a background check and criminal records check.

Date: _____ Applicants Signature: _____

Coastal Helicopters, Inc is an equal opportunity employer, which does not discriminate in employment based on race, age, color, sex, religion, national origin or other protected classifications including disability or handicap.

PLEASE PRINT AND USE INK

Name: _____
Last First Middle

Address: _____
Street Apt # City State Zip

Telephone: _____ Social Security #: _____ DL#/State: _____

Other names used: _____

Email Address: _____

Are you? Under 18 18 - 20 21 - 24 25 or older (please check one)

Emergency Contact(s): _____

Have you ever been employed by Coastal Helicopters, Inc.? Y/N If so, when _____

Referred by: _____ Relationship: _____

Have you been convicted of a felony in the last ten years? Y/N (Conviction will not necessarily disqualify an applicant for employment) If yes, Years of Conviction _____

If yes, describe conditions: _____

Position applying for? _____ Wage or salary desired? _____

Is there any reason that you could not safely and efficiently perform any of the duties of the job for which you are applying? _____ If yes, please explain: _____

Do you have a legal right to work in the U.S.? _____ When would you be available to start work? _____

Please list any hours/days you cannot or will not work: _____

Are you able to accept overtime if needed? _____

Can you establish proof that you may be lawfully employed in this country because of citizenship or immigration status? (proof of citizenship or immigration status will be required upon employment) YES _____ NO _____

EDUCATIONAL HISTORY

	Name Location	Grade Completed	Dates Attended	Graduated Y/N	Major	Degree Received
High School						
College						
College						
Other						

EMPLOYMENT WORK HISTORY

Please list your last four employers starting with the most recent.

Are you currently employed? Y/N May we contact your present employer? Y/N

Employer name: _____ Telephone: _____

Address: _____
Street City State Zip code

Date Started: _____ Salary: _____ Starting Position: _____

Date Left: _____ Salary: _____ Ending Position: _____

Supervisor Name: _____ Reason for Leaving: _____

Employer name: _____ Telephone: _____

Address: _____
Street City State Zip code

Date Started: _____ Salary: _____ Starting Position: _____

Date Left: _____ Salary: _____ Ending Position: _____

Supervisor Name: _____ Reason for Leaving: _____

EMPLOYMENT WORK HISTORY (cont.)

Employer Name: _____	Telephone: _____
Address: _____	
Street	City State Zip Code
Date Started: _____	Salary: _____ Starting Position: _____
Date Left: _____	Salary: _____ Ending Position: _____
Supervisor Name: _____	Reason for Leaving: _____

Employer Name: _____	Telephone: _____
Address: _____	
Street	City State Zip Code
Date Started: _____	Salary: _____ Starting Position: _____
Date Left: _____	Salary: _____ Ending Position: _____
Supervisor Name: _____	Reason for Leaving: _____

ADDITIONAL REFERENCES

Name: _____	Address: _____	Tel: _____
Name: _____	Address: _____	Tel: _____
Name: _____	Address: _____	Tel: _____
Name: _____	Address: _____	Tel: _____

I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of facts contained within is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. All employment is continued on that basis, unless a different employment relationship is established, in writing, signed by the Company president.

Applicant Signature: _____ Date: _____

Please complete all pages of application