



# COASTAL HELICOPTERS, INC.

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[WWW.COASTALHELICOPTERS.COM](http://WWW.COASTALHELICOPTERS.COM)  
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## EMPLOYMENT APPLICATION

**NOTICE of FAA DRUG TESTING:** To the extent required by FAA regulations, Coastal Helicopters, Inc. tests covered employees for alcohol and the following 5 controlled substances: PCP, Cocaine, Amphetamines, Marijuana 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: \_\_\_\_\_

Are you? Under 18 18 – 20 21 – 24 25 or older (please circle 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 Year 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? Y/N. If yes, please explain: \_\_\_\_\_

When would you be available to start work? \_\_\_\_\_ Any hours/days you cannot or will not work? Y/N

Explain: \_\_\_\_\_ Do you have a legal right to work in the U. S. \_\_\_\_\_?

Are you able to accept overtime if needed? Y/N

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
<b>High School</b>						
<b>College</b>						
<b>College</b>						
<b>Other</b>						

**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: \_\_\_\_\_