



# COASTAL HELICOPTERS, INC.

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

[WWW.COASTALHELICOPTERS.COM](http://WWW.COASTALHELICOPTERS.COM)

For Employment E-mail: [jobs@coastalhelicopters.com](mailto:jobs@coastalhelicopters.com)

## 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 substances: PCP, Cocaine, Amphetamines (including MDMA), Marijuana, and Opiates including the four semi-synthetic opioids (i.e., hydrocodone, oxycodone, hydromorphone, oxymorphone). ALL APPLICANTS are subject to testing prior to employment, and may be subject to random, post-accident, reasonable suspicion, return to duty and follow-up testing throughout their employment with Coastal Helicopters, Inc. 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	Date Graduated	Degree Received
High School						
College						
Vocational/Skill						

Other applicable skills : \_\_\_\_\_

**Employment Work History**

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

Are you currently employed?    Y / N        If so, may we contact your current employer?    Y / N

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

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

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

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

**Personal / Character References**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I authorize the investigation of all statements contained in this application. I understand that misrepresentation of 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: \_\_\_\_\_