

<b>FOR OFFICE USE</b>	RECEIVED	POSITION	S.C.	REPLY	BG	WES	REGISTER
---------------------------	----------	----------	------	-------	----	-----	----------

**APPLICATIONS SUBMITTED WITHOUT A CRIMINAL HISTORY PROCUREMENT AUTHORIZATION FORM  
WILL NOT BE CONSIDERED.**

# COASTAL TRANSPORTATION INC.

206-282-9979 800-544-2580 FAX 206-283-9121

4025 13<sup>TH</sup> AVE. W.  
SEATTLE WA 98119

**An equal opportunity employer** In completing this application, and in answering any questions during the hiring process, 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.

**Please answer all questions COMPLETELY. Write in N/A where not applicable. Please complete the entire application even if you are submitting a resume.**

## APPLICATION FOR MARITIME EMPLOYMENT

Last Name		First Name		Middle I.	Cell Phone #
Permanent Address: Street		Apt.		Other Phone #	
City/State				E-mail Address	
Zip					
Are you an U.S. citizen or do you have the legal right to work in the U.S.? (Proof of identity and legal right to work in the U.S. will be required <u>AFTER</u> hire.)					Yes ( ) No ( )
Are you a former employee of this company? Yes ( ) No ( ) If so, under what name?				If yes, list past employment dates: Month/Year to Month /Year	
Within the past 7 years have you been convicted of a felony or been released from prison? (A conviction will not necessarily bar you from employment).				Yes ( ) No ( )	What offense?
Name of relative or friend employed here:					
<b>POSITION APPLIED FOR. Check one or more. YOU MUST HAVE AN U.S. COAST GUARD LICENSE OR CERTIFICATE (MMC) FOR ALL POSITIONS EXCEPT DECKHAND, WIPER, &amp; COOK.</b>					
<b>Captain</b> (Requires at least 500 ton license. Near Coastal OK.) ( )		<b>Chief Engineer</b> (1500-3000 HP DDE license OK) ( )		<b>Chief Mate</b> (Requires at least 500 ton license. Near Coastal OK.) ( )	
<b>Second Mate</b> (Requires at least 500 tons mate's license) ( )		<b>A.B. Seaman</b> ( <i>Requires Coast Guard MMC.</i> OSV, Towing, Fishing are OK) ( )		<b>Deckhand</b> (No MMC required). ( )	
<b>QMED / Oiler</b> (MMC required) ( )		<b>Wiper</b> (No MMC required). ( )		<b>Cook</b> (No MMC required) ( )	
<b>What USCG license or certificate do you hold?</b>					
USCG License Description _____					
USCG Certificate (AB, QMED, etc.) Description _____					
<b>Have you read the job description for the position you want?</b> Yes ( ) No ( ) Did you: Read a written copy of the job description? ( ) Hear the job description on the job line? ( )					
<b>Please list work experience which may qualify you for this job:</b>					
<b>Have you operated:</b> Yard & Stay Cargo Gear ( ) Forklifts ( ) Electric Pallet Jacks ( )					
<b>Work availability:</b> Full Time ( ) Relief Trips ( )					

EDUCATION <i>Check here if you received a <b>GED</b> rather than graduating from high school ( )</i>			
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	Type of Discharge
EMPLOYMENT HISTORY <b>Fill this section out completely even if you are submitting a resume. Fishermen: if you were paid by shares please list you average yearly income from fishing rather than share %. APPLICATIONS WILL NOT BE CONSIDERED WITHOUT PHONE NUMBERS FOR WORK REFERENCES.</b>			
1. Employer		City/State	Phone Number-IMPORTANT
Title / Main Duties			
From	To	Starting Pay or Yearly Income	Ending Pay or Yearly Income
			Supervisor's Name
<b>Reason for Leaving:</b> Voluntary Resignation /Quit ( ) Lay-off ( ) End of Season ( ) Dismissed for Cause/Fired ( ) Still Employed ( ) <b>If still employed, can we contact your employer for a reference ?</b> Yes ( ) No ( )			
2. Employer		City/State	Phone Number-IMPORTANT
Title / Main Duties			
From	To	Starting Pay or Yearly Income	Ending Pay or Yearly Income
			Supervisor's Name
<b>Reason for Leaving:</b> Voluntary Resignation /Quit ( ) Lay-off ( ) End of Season ( ) Dismissed for Cause/Fired ( ) Still Employed ( ) <b>If still employed, can we contact your employer for a reference ?</b> Yes ( ) No ( )			
3. Employer		City/State	Phone Number-IMPORTANT
Title / Main Duties			
From	To	Starting Pay or Yearly Income	Ending Pay or Yearly Income
			Supervisor's Name
<b>Reason for Leaving:</b> Voluntary Resignation /Quit ( ) Lay-off ( ) End of Season ( ) Dismissed for Cause/Fired ( ) Still Employed ( ) <b>If still employed, can we contact your employer for a reference ?</b> Yes ( ) No ( )			
4. Employer		City/State	Phone Number-IMPORTANT
Title / Main Duties			
From	To	Starting Pay or Yearly Income	Ending Pay or Yearly Income
			Supervisor's Name
<b>Reason for Leaving:</b> Voluntary Resignation /Quit ( ) Lay-off ( ) End of Season ( ) Dismissed for Cause/Fired ( ) Still Employed ( ) <b>If still employed, can we contact your employer for a reference ?</b> Yes ( ) No ( )			
DECLARATION <b>Please read this carefully.</b>			
I authorize the investigation of all statements made on this application. I certify that the information on this application is accurate and complete 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 <i>Employee Handbook</i> . If employed, 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. I understand that acceptance of this application by Coastal Transportation Inc. does not imply intention to hire me.			
Signature of Applicant			Date

**APPLICANT, PLEASE RETURN THIS FORM TO CTI WITH YOUR APPLICATION.  
APPLICATIONS WILL NOT BE CONSIDERED WITHOUT THIS FORM.**

COASTAL TRANSPORTATION REPRESENTATIVE: Beth St. Pierre

## CRIMINAL HISTORY PROCUREMENT AUTHORIZATION

NAME: \_\_\_\_\_  
 (Please print clearly) (last) (first) (middle)

Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

*This information is used for identification purposes only.*  
 Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Please indicate any other names you have used, including maiden: a. \_\_\_\_\_

b: \_\_\_\_\_

c: \_\_\_\_\_

Have you ever been convicted of a felony? ...  Yes ...  No

If yes, please give details (date, crimes, location) \_\_\_\_\_

*Please note: Admittance of felony convictions does not automatically disqualify employment.*

List below addresses at which you have lived in the past seven years, with dates.

From	To	Street Address	City	State	County
Current Address					

The undersigned, in connection with an application for employment, hereby authorizes the procurement of an investigative report. This authorizes any law enforcement or judicial agency, corporation, company or others to provide relevant information they may have on the applicant to Background Checks, Inc. This further releases all parties providing information from any and all liabilities or responsibility for doing so. The undersigned hereby acknowledges that they read or have had read to them this authorization and they understand it. A copy of this authorization has the same authority as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Note to applicant: The Washington Fair Credit Reporting Act and other applicable laws give you certain rights with regard to consumer reports obtained for employment purposes including, upon request, disclosure of information on you in the reporting agency's file at the time of the request, including the identification of persons who have procured a consumer report concerning you, and reasonable opportunity to respond to any information in the report that is disputed by you. Request for disclosure should be made in writing by certified mail to Background Checks, Inc. PO Box 1466, Bothell WA 98041-1466.*