



# APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. We are an equal opportunity employer.

## PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Date of Application:
Address (Mailing Address)	(City)	(State)	(Zip)
Cell Phone:	Alternate Phone:	E-mail Address	
Due to site rules and regulations. Are you at least 18 years old? <b>Yes</b> or <b>No</b>	Are you legally eligible for employment in the United States? (If yes, proof is required if hired) <b>Yes</b> or <b>No</b>	Do you have reliable transportation?	
Have you worked for this company before? If yes, provide the last month/year of employment with us)  <b>Yes</b> or <b>No</b> <b>Month/Year</b> _____	Have you ever been convicted of a crime or felony or are currently on probation?  <b>Yes</b> or <b>No</b>  <i>Note: A conviction record will not necessarily be a bar to employment. Factors such as job relations, time of the offense, seriousness and nature of violation, etc. will be taken into account)</i>	If you answered yes, that have been convicted of a crime or felony or are currently on probation, please explain & provide dates:	

## CRAFT INFORMATION

Primary Craft:	Secondary Craft:	Referred By:
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# APPLICATION FOR EMPLOYMENT

## MILITARY INFORMATION

U.S. Military Branch	Date: From (xx/xxxx) to (xx/xxxx)	Rank	Discharge Date
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## EDUCATION

High School (Name and Location)	Course or Major	Graduated YES or NO
College (Name and Location)	Course or Major	Graduated YES or NO
Trade, Business or Correspondence School (Name and Location)	Course or Major	Graduated YES or NO

## EMPLOYMENT HISTORY (start with listing the most recent one first)

Employer 1 (Name and Address)	Dates of Employment	Position/Work Preformed	Reason for Leaving
Employer 2 (Name and Address)	Dates of Employment	Position/Work Preformed	Reason for Leaving
Employer 3 (Name and Address)	Dates of Employment	Position/Work Preformed	Reason for Leaving

## REFERENCES (List those who are familiar with your qualifications and skills. Do not include relatives)

Name	Title/Type of Business	Phone Number



# APPLICATION FOR EMPLOYMENT

## QUALIFICATIONS AND CERTIFICATIONS

(If you are applying for a welder position, please list any current welding documents)

Document Type:	Expiration Date:
Document Type:	Expiration Date:

Do you have a current TWIC Card?  YES or NO  Expiration Date: _____	Are you current with ISTC Basic?  YES or NO  Expiration Date: _____
Do you have a current NCCER card?  YES or NO  Card #: _____	List ISTC Site Specific.  Site Specific: _____  Expiration Date: _____

### APPLICANT'S STATEMENT:

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to any characteristics protected by Federal, State or Local law.

If hired, I agree to abide by the company rules and regulations, and I understand that, if employed, my employment is of an "at will" nature and may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself. I further understand that no representation, whether oral or written by any representative or agent of the Company at the time, can constitute a contract of employment. I understand that The Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any changes in policies, procedures, benefits or any other terms or conditions of employment other than in a document signed by the Owner(s) or designee, or to make any agreement contrary to the foregoing.

I acknowledge that my employment is contingent on passing all pre-employment testing which includes but is not limited to: drug/alcohol screening, physical testing, and Industrial Site Training Certification (ISTC), Job Knowledge and Abilities testing and Background checks.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## DRUG AND/OR ALCOHOL TESTING CONSENT FORM

### Employee Consent to Drug and/or alcohol testing

I hereby agree, upon a request made under the drug/alcohol testing policy of Coastal Field Services ("The Company"), to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have The Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm that might result from the release of use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and procedures are explained in the paragraph above.

I understand this policy and I understand that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY PRE-EMPLOYMENT, AT RANDOM AND AT THE TIME OF ON THE JOB ACCIDENTS OR INJURIES. IF I FAIL THE DRUG/ALCOHOL TEST PRE-EMPLOYMENT THE COMPANY CAN REFUSE TO HIRE ME. I UNDERSTAND THAT THE COMPANY SENDING ME FOR A PRE-EMPLOYMENT DRUG SCREENING IS NOT A PROMISE OF EMPLOYMENT AND THE COMPANY CAN WITHDRAW THE OFFER AT ANY TIMEM.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**DISCLOSURE AND AUTHORIZATION**

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**Coastal Field Services** (“the Company”) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by S2 Verify. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by S2 Verify, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSUMER INFORMATION**

\*This information will be used for background screening purposes only and will not be used as hiring criteria

Last Name:		First Name:	Middle:
Other Names/Alias			
Social Security #		Date of Birth:	
Driver's License #		State of Driver's License	
Present Address		County	
City	State	Zip	
Former Employer	Position	Dates of Employment:	



## Pending Background Screenings

Coastal Field Services requires an extensive background screening on each new employee prior to the employee's initial start date. The screening must meet all minimum requirements identified for the position.

If the decision is made to proceed with the hire of an employee prior to confirmation of the background screening results, the employee must be aware that his/her continued employment is contingent on positive background screening results.

Should the background screening produce results not previously disclosed by the employee and/or not meeting the minimum standards, the employee will be subject to immediate termination.

Employment prior to the completion of the background screening in no way negates the initial sixty (60) days of probationary employment. Neither the employee nor the employer is obligated to continue employment through the probationary period.

The employee shall at all times be employed at-will including during and after the probationary period and nothing herein shall alter the employee's employment at-will status nor constitute any form of employment agreement between the employee and employer.

I have reviewed this Pending Background Screening Policy and understand that I am subject to its terms. I understand that this Pending Background Screening Policy does not alter the at-will employment relationship with the employer.

Please disclose any criminal conviction (misdemeanor/felony) or any pending charges within the last 10 years: \_\_\_\_\_

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



## Authorization for Release of Information

- 1) In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving records, court records, education, credentials, credit and references.
- 2) Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified upon request and given the name and address of the agency or the source which provided the information.
- 3) I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state, and county agencies.
- 4) I voluntarily and knowingly release all present and previous employers and Coastal Field Services, LP from liability, and waive all claims arising from providing or releasing any of this information or the denial or withdrawal of employment.
- 5) I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Coastal Field Services, LP or its agent, to furnish the information described in Section 1. I understand that this authorization is a continuing authorization and will remain valid until such time as I inform Coastal Field Services in writing that I wish to revoke this authorization.

Please Print Clearly and Complete ALL Required Information

Last Name	First Name	Social Security #	Date of Birth
Other Names you have used:			
Address		City	State/Zip
Driver's License/ID #	Issuing State	Name as it appears on License	

Previous Addresses (Last 7 Years)

Address	City	State/Zip
Address	City	State/Zip
Address	City	State/Zip

<b>EMPLOYEE SIGNATURE:</b>	<b>Date:</b>