

APPLICATION FOR EMPLOYMENT

Completed application can be emailed to info@coastalhc.com

Position Applied For	Date of Application				
How were you referred to us for employmen					
PERSONAL INFORMATION					
NAME:LAST		·			
	FIRST	N	MIDDLE		
ADDRESS:STREET	CITY	STATE	ZIP CODE		
TELEPHONE (HOME):		(CELL):			
What is the best time to contact you?					
Are you related to anyone employed by Coa	stal Heating and Coo	oling?	s 🔲 No		
If yes, give name(s) and relationship to you.					
Are you under 18 years of age? Yes	☐ No If yes,	age:			
This position will require the lifting of mate Are you able to meet this requirement?	rial and/or equipmen Yes N		75 ⁺ pounds.		
Are you legally eligible for employment in t	his country?	Yes No			
Do you have a Driver's License?	s 🔲 No				
If yes, is it for the State of Virginia	? Yes	No			
If no, in what state do you have lic	ense?				
Has it ever been suspended or revo	ked? Yes	No			
If yes, explain:					
How many vehicle accidents have	you had in the past 5	years?	_		
Have you ever been convicted of a felony C	harge?	☐ No			
If yes, explain.					

EMPLOYMENT HISTORY

Please list your last (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below. If you have a current resume please provide that with this application.

Company:	Job Title	Employment Dates:	Summarize the nature of the work	
Address:		From:Month	Year	performed & Job responsibilities
City:		To:Month	Year	
State:	Reason for Leaving	Wage Information		
Immediate supervisor's name		Starting Base Salary		
		or Hourly Rate:		
Immediate supervisor's phone number	Company Phone Number			
		Salary or Hourly Rate:		
Company:	Job Title	Employment Dates:		Summarize the nature of the work
Address:		From:Month	Year	performed & Job responsibilities
City:		To:Month	Year	
State:	Reason for Leaving	Wage Information		
Immediate supervisor's name		Starting Base Salary		
		or Hourly Rate:		
Immediate supervisor's phone number	Company Phone Number	Current or Last Base		
		Salary or Hourly Rate:		
Company:	Job Title	Employment Dates:		Summarize the nature of the work performed & Job responsibilities
Address:		From:Month	Year	performed & soc responsionates
City:		To:Month	Year	
State:	Reason for Leaving	Wage Information		
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	Company Phone Number	Starting Base Salary or Hourly Rate: Current or Last Base		
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EDUCATIONAL BACKGROUND

Type of School	Name of School	Did You Graduate Yes No	Types of Degree Diploma, GED or Certificates; Major/Minor Fields of Study
High School		_ 0 0	Year:
Business Correspondence Or Vocational School	ce	_ 0 0	Year:
Other Courses for Special Training		_ 0 0	Year:
Colleges or Universities		_ 0 0	Year:
OTHER CERTIFIC	<u>ATIONS</u>		
Certificaton		Yes No	Year Obtained
CFC Card			
Journeyman's Card			
Master's License			
List any other certification, etc.)	ications or skills pertine	nt to this positi	on (e.g. crane lift operator, welding
APPLICANT'S CE	RTIFICATION		
any misstatements o	r omissions of informati	ion are ground	ue and complete. I understand that s for denial of employment and, if ned up verification of the information
Signature of Applica	ant		Date