

# COASTAL PLAIN AREA EOA, INC.- Employment Application

<b>Personal Information</b>					Last Name, First Initial:
Name (Last, First, MI)					
Street address					
City, State, Zip					
Home phone number		Work phone number			
Facsimile number		E-mail address			
<b>Employment Desired</b>					
Position applied for					
How did you hear about this position?					
Date available for work		Desired hours (full time, part time, etc.)			
<b>Education</b>					Today's Date:
	Name and Address of School	Course of Study	Total Years of Study	Degree/ Diploma	
High School					
Undergraduate College					
Graduate/ Professional					
Other (Specify)					
List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 7):					
.....					
.....					

# Employment Application

## Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer?  YES  NO

1.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)		Start Date	End Date	Essential job functions of final position
	Address				1.
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)			4.
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
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	-----				
2.	Employer		Start Date	End Date	Essential job functions of final position
	Address				1.
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)			4.
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
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# Employment Application

## Employment History

3.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
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4.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
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# Employment Application

## Employment History

5.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
What value did you add to this company or its customers?					
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.....					
6.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
What value did you add to this company or its customers?					
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.....					

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# Employment Application

## Additional Information

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

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List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Identify formal job training that relates to this position:

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Identify what skills or certification you possess related to this position:

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If you are hired, what value would you add to our company?:

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Describe what you believe are the most unique features of your work history:

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# Employment Application

## Additional Information

Have you ever been employed with this company before?  Yes  No  
 If Yes, when? .....

Do you have any friends or relatives employed by this company?  Yes  No  
 If Yes, please provide their names and relationship to you: .....

Are you currently employed?  Yes  No  
 May we contact your employer?  Yes  No  
 Are you currently on "lay off" status and subject to recall?  Yes  No

If you are under 18 years of age, can you provide proof of your eligibility to work?  Yes  No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?  Yes  No

# Employment Application

## References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
<b>Additional Space</b>		
Additional space provided to expand on any points or questions asked previously in this application		

***PLEASE USE ADDITIONAL PAPER IF NECESSARY***



**EMAIL THIS APPLICATION AS AN  
ATTACHMENT TO  
<mailto:nceasar@coastalplain.org>**