



Authorization for Release of Information/Confidentiality Agreement:

The following application is to provide personal and employment information for the purpose of determining my qualifications and suitability for obtaining employment as either a full or part time regular employee or to act as a volunteer with <company>. The statements and facts that you provide in this application are subject to verification and I understand that any discrepancies, misstatements, omissions and/or falsifications made during the completion of this application may result in disqualifying me from further consideration for the position for which I am applying.

I understand that <company> can legally ask and that I am voluntarily providing personal information such as my full name, race, gender, date of birth, social security number, driver’s license number, credit history, investigative consumer reports, etc. to assist Coastal Security, who is conducting a background investigation at the request of <company>. I further understand that any information obtained in a personal and employment history background investigation will be considered confidential and only used by Coastal Security and <company> for the purpose of determining my qualifications and suitability for employment with <company>.

I do hereby authorize any and all persons, employers, partnerships, corporations, associations, churches, former employers, children’s organizations, charities, references, civilian entities, military agencies, law enforcement organizations, city, state or federal government entities, or their employees to furnish, and exchange any and all available information relating to me for the purpose of determining my suitability for employment/volunteer service with <company> to Coastal Security for the purpose of conducting a background investigation. This authorizes release of this information to Coastal Security and <company>.

I further release Coastal Security and all persons associated therewith from any and all claims, damages, and liabilities to me, my heirs, or family, that may result from providing the above mentioned information requested by <company> and Coastal Security. I further understand that, that if engaged by <company> for employment/contract service or volunteer position, that any misrepresentation made by me completing this application shall be considered as sufficient cause for dismissal from said position without advance notice.

Signature of Applicant:	Date:
Witness:	Date:
Identity verified: <input type="checkbox"/> Yes <input type="checkbox"/> NO	
Verified By: <input type="checkbox"/> Driver’s License <input type="checkbox"/> Identification Card <input type="checkbox"/> Passport Other : (specify)	

It is the policy of <company> to provide equal employment opportunities to all applicants, employees and/or volunteers without regard to any legally protected status such as race, color religion, gender, national origin, age disability or veteran status except as provided by law.



Application for Employment/Contract Service

Instructions: Print or type all answers. Read every question carefully and answer every question. Please do not leave blank spaces. If a question does not apply to you, please print or type "NA" in that answer block. Incomplete or unsigned statements cannot be properly processed. If additional space is required to complete an answer, please indicate it in the answer box and then complete the additional information on a continuation sheet. All information provided is subject to verification.

Applicant name: _____
Last _____
First _____
Middle _____

Personal Information: Full Name:			
Last:	First:	Middle:	Suffix:
List any other names you may have used: (maiden, nicknames, etc.) Last, First and Middle			
1. _____			
2. _____			
Physical Address:			
City:		State:	Zip:
Mailing Address: Same as Physical Address			
City:		State:	Zip:
Date of Birth: (mm/dd/yyyy)		Place of Birth:	Social Security Number:
Height:	Weight:	Hair color:	Eye Color:
List any other Dates of Birth or social security numbers you have used:			
Home Telephone Number:		Work Telephone Number:	Cell/Mobile Telephone Number:
Do you currently possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Driver's License Number:		State:	Classification: Restrictions:
Have you ever had your Driving privilege suspended, revoked Canceled or denied? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Please explain why:			
Are legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a <input type="checkbox"/> US Citizen? <input type="checkbox"/> Resident Alien who is eligible and Has applied for Citizenship?			
<input type="checkbox"/> Have you obtained Permission from the US Citizenship and Immigration Service to work in the US?			

Please list any other addresses where you have lived in the last seven years: (Address, City, State, Zip Code) * Begin with the most recent and move backwards. There should not be any gaps in residency dates.

Address	City	State	From Mo./Yr.	To Mo./Yr.

*Use Continuation Sheet if you need more room

Education: List all schools you have attended:

Name of School	Location of School (City and State)	From Mo/Yr.	To Mo/Yr.	Major	Credits Earned	Degree Earned
High School						
College						
Other						

Military Service: Have you ever served in the Armed Forces? Yes No

If yes, Which Branch? Dates of Service: From: To:

Please describe any special skills, training or experience gained in the military that you feel makes you a good candidate for this position?

Work Experience: Please list all of your periods of work or volunteer service for the last seven years. Include any periods of unemployment lasting more than one month:

Dates of Employment:		Business/Church Name	Business/Church Address:	Telephone Number:
From Mo./Yr.	To Mo./Yr			

Full Time Part-Time Volunteer Seasonal Unemployed Military Student Other

Job Title: Job Duties:

Supervisor's Name: May we contact this person or company? Yes No If no, please explain:

Reason for Leaving?

Work Experience Continued: Please list all of your periods of work or volunteer service for the last seven years. Include any periods of unemployment lasting more than one month:				
Dates of Employment:		Business/Church Name	Business/Church Address:	Telephone Number:
From Mo./Yr.	To Mo./Yr			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student <input type="checkbox"/> Other				
Job Title:		Job Duties:		
Supervisor's Name:		May we contact this person or company? Yes No If no, please explain:		
Reason for Leaving?				
Dates of Employment:		Business/Church Name	Business/Church Address:	Telephone Number:
From Mo./Yr.	To Mo./Yr			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student <input type="checkbox"/> Other				
Job Title:		Job Duties:		
Supervisor's Name:		May we contact this person or company? Yes No If no, please explain:		
Reason for Leaving?				
Dates of Employment:		Business/Church Name	Business/Church Address:	Telephone Number:
From Mo./Yr.	To Mo./Yr			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Military <input type="checkbox"/> Student <input type="checkbox"/> Other				
Job Title:		Job Duties:		
Supervisor's Name:		May we contact this person or company? Yes No If no, please explain:		
Reason for Leaving?				
If you need more room to complete the work history portion, Please use the Continuation Sheet.				
Have you ever been fired or asked to resign or leave an employment or volunteer position? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, Please explain below:				

Please describe below any additional education, training, qualifications or experience which you possess which you believe may assist <company> in evaluating your application:

Have you or any member of your family ever applied, volunteered or been employed with <company> before?
 Yes No

If yes, Please describe in detail below:

Do you have any family members or friends that are currently employees or volunteers of <company>?
 Yes No

If yes, Please describe in detail below:

Personal References: List at least three people that have worked with you or volunteered with you that have know you for more than three years, excluding former supervisors or family members who can answer questions concerning your past Conduct and character as it applies to this position.

Name	Street address, City, State and Zip	Home Number	Work /Cell Number	Years Known

Additional Background Questions: Please answer the following questions by checking the appropriate Yes or No box to the right. If you answer yes to any of the following questions, please provide a detailed explanation on the Continuation Page.	Yes	No
Have you ever been charged with, indicted for, plead guilty to or were convicted of committing a crime other than minor traffic violations?		
Have you ever been asked to leave a volunteer or paid position because of allegations of Theft or Truthfulness issues?		
Have you ever been Charged with, indicted for, plead guilty to or were convicted of a crime involving the illegal use of drugs?		
Have you ever been convicted of a crime of sexual abuse, physical abuse, sexual harassment, or sexual exploitation?		
Has any civil or criminal complaint, or any other written complaint ever been made against you or have you ever been terminated from employment or asked to leave a volunteer position because of allegations of civil or criminal complaints of sexual abuse, physical abuse, sexual harassment, or exploitation against you?		
Have you ever been on parole, probation, deferred adjudication or a pre-trial diversion agreement as a result of a conviction of a felony crime?		
Are there currently any charges against you for any offense(s) in any jurisdiction within the United States?		
Is there any other information that you feel is important that the <company> needs to know in regards to your background as it relates to determining your qualifications and suitability for obtaining employment as either a full or part time regular employee or to act as a volunteer with <company>. Please answer in detail below:		
By signing below I certify that the information contained in this applications is correct to the best of my knowledge. I also authorize <company> and Coastal Security to obtain information from references, employers and or other organizations as listed in this application for the sole purpose of determining my suitability for association with the<company>. I also understand that as a course of the background investigation, Coastal Security will conduct a criminal background check, and obtain fingerprints and a photograph of me in conjunction with this investigation. I further understand that my refusal to participate in the background investigation process and/or the willful falsification, intentional misrepresentation of any material fact or omission of any information requested by this application may be grounds for termination of the hiring process and or eliminate my ability to volunteer with <company>		
Applicants Signature:	Date:	