



We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. Complete each section, even if you attach a resume.

PERSONAL INFORMATION						
Name:						
Address:		City:		State:		Zip:
Email:		Home or Cell Phone:		Application Date:		
POSITION						
Are you legally eligible to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		If selected for employment are you willing to submit a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Applying For:			Referral Source:			
Available Start Date:			Salary Expectations:	\$		
Are you able to perform the essential functions of the job that you are applying, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No, please list the functions that cannot be performed. We comply with ADA and consider reasonable accommodation to perform the essential job duties.				We may refuse to hire relatives if it could create conflicts of interest.		
EDUCATION						
High School Name	Location		Year Started and Ended	Did you Graduate?	Diploma or GED?	
College Name	Location		Year Started and Ended	Degree Received	Major	
Graduate School Name	Location		Year Started and Ended	Degree Received	Major	
Additional Education	Location		Year Started and Ended	Degree Received	Major	
REFERENCES (business and professional only)						
List three people not related to you who have knowledge of your work performance within the last three years.						
Name	Title		Company	Email/Phone #		
EMPLOYMENT HISTORY: Please complete this section even if attaching a resume.						
Employer (1)	Job Title			Dates Employed		
Reason for Leaving	May we contact this employer?			Manager Name and Phone #		
Employer (2)	Job Title			Dates Employed		
Reason for Leaving	May we contact this employer?			Manager Name and Phone #		
Employer (3)	Job Title			Dates Employed		
Reason for Leaving	May we contact this employer?			Manager Name and Phone #		
EMPLOYMENT APPLICATION: please read carefully, initial each paragraph, and sign below						
		I certify that I have not withheld any information that might adversely affect my chances for employment and that the answers I provided are true and correct to the best of my knowledge. I understand that any omission or misstatement of				



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Initials	material fact on this application or on any document used to secure employment is grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.	
Initials	I authorize CHC to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release the Company, my former employers and all other persons, corporations, partnerships, and associations from all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.	
Initials	I understand that nothing contained in the application or conveyed during any interview is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.	
Initials	In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.	
Date	Applicants Signature	



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VOLUNTARY SELF-IDENTIFICATION			
The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.			
Name:		Date:	
Job Title:		Gender:	
Race/Ethnicity: Please check one of the descriptions below corresponding to the ethnic group with which you identify.			
<input type="checkbox"/>	HISPANIC OR LATINO: A PERSON OF CUBAN, MEXICAN, PUERTO RICAN, SOUTH OR CENTRAL AMERICAN, OR OTHER SPANISH CULTURE OR ORIGIN REGARDLESS OF RACE.		
<input type="checkbox"/>	WHITE (NOT HISPANIC OR LATINO): A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, THE MIDDLE EAST OR NORTH AFRICA.		
<input type="checkbox"/>	BLACK OR AFRICAN AMERICAN (NOT HISPANIC OR LATINO): A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.		
<input type="checkbox"/>	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NOT HISPANIC OR LATINO): A PERSON HAVING ORIGINS IN ANY OF THE PEOPLES OF HAWAII, GUAM, SAMOA OR OTHER PACIFIC ISLANDS.		
<input type="checkbox"/>	ASIAN (NOT HISPANIC OR LATINO): A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, OR THE INDIAN SUBCONTINENT, INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PAKISTAN, THE PHILIPPINE ISLANDS, THAILAND, AND VIETNAM.		
<input type="checkbox"/>	AMERICAN INDIAN OR ALASKA NATIVE (NOT HISPANIC OR LATINO): A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AND SOUTH AMERICA (INCLUDING CENTRAL AMERICA) AND WHO MAINTAINS TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.		
<input type="checkbox"/>	TWO OR MORE RACES (NOT HISPANIC OR LATINO): ALL PERSONS WHO IDENTIFY WITH MORE THAN ONE OF THE ABOVE FIVE RACES.		
PLEASE RETURN FORM TO THE HR DEPARTMENT. THANK YOU FOR YOUR PARTICIPATION.			

Consumer Report Disclosure & Consent Form

**THIS DOCUMENT CONTAINS IMPORTANT INFORMATION.
PLEASE READ IT CAREFULLY**

As part of processing your Application for Employment, CHC will obtain a consumer report which will contain information concerning:

- (1) your financial and credit history.
- (2) any criminal conviction(s) on your record; and
- (3) verification of your identification.

This report may be considered an "investigative consumer report" under California law. An investigative consumer report includes information as to a consumer's character, general reputation, personal characteristics, and mode of living. The nature and scope of the investigation is as follows: **pre-assignment and continuing assignment to CHC or any of its related companies.**

The information contained in this report may affect your eligibility for employment with the Company. Before taking any adverse action based upon the report, the Company will provide you with information that will assist you should you wish to challenge the accuracy or completeness of the reporting agency's account.

Certain rights you have under federal and California law are attached to this Disclosure & Consent Form. Exhibit A is California Civil Code Section 1786.22. Exhibit B is 15 United States Code Section 1681d. Exhibit C is United States Code Section 1681(g). Exhibit D is a Summary of Your Rights produced by the Federal Trade Commission.

If you are employed, the Company also will obtain consumer reports about you during your employment. These reports may be obtained on a periodic basis or at any time during your employment at management's discretion. The consumer reports obtained during your employment may include: 1) any criminal conviction(s) on your record and 2) verification of your identification. Again, before taking any adverse action based upon a report(s), the Company will provide you with information that will assist you should you wish to challenge the accuracy or completeness of the reporting agency's account.

The report(s) will be obtained from
Coast Guardian Investigations Inc
P.O. Box 55093 Hayward, CA 94545
510-785-5900

The Company requests your permission to obtain such reports. Should you provide your authorization below, **you will receive a copy** of the reports at no charge from the Company.

I understand the above information, and hereby authorize the Company to obtain consumer reports to evaluate my eligibility for employment with CHC.

Applicant Name (Print)	Applicant Name (Signature)	Date

CONSENT STATEMENT

I have carefully read and understand the consent statement and, by my signature below, agree to the release of consumer or investigative consumer reports, as defined above, to CHC in conjunction with my application for employment. I recognize that this arrangement will apply during my employment with CHC and will remain in effect until revoked in a written document signed by me. If I wish to cancel this consent, I comprehend that I can sign the Refusal or Revocation of Consent Statement below and return it to CHC or send a signed letter or statement to CHC indicating that I revoke my consent to obtain consumer reports or investigative reports about me for employment purposes.

I confirm that all information contained in my job application is true and correct. I also understand that CHC may utilize my information for the purpose of obtaining the consumer reports or investigative consumer reports.

Employee Printed Name	Applicant Signature	SSN	DOB	Driver's License # and State Issue
Current Address:		Have you lived at your current address for 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If not please include previous addresses:		
Previous Address (1)		Previous Address (2)		Previous Address (3)

REFUSAL OR REVOCATION OF CONSENT STATEMENT

I do not consent to CGI obtaining consumer reports or investigative data about me for employment purposes with CHC. If I have previously granted my permission, I revoke it and understand that such withdrawal will take effect immediately after CHC receives this written cancellation.

Applicant's Printed Name	Applicant's Signature	SSN	Date

Please print, complete, sign, date and return this form by one of the following: Fax (510) 784 0500 Email: info@coastguardian.com
Mail: Coast Guardian Investigations, Inc., P. O. Box 55093, Hayward, California 94545.
Delays in receiving this form may cause delays in completing your background investigation.

AUTHORIZATION TO RELEASE EMPLOYMENT/EDUCATION INFORMATION

- ✓ I understand that an attempt will be made to verify statements made on my application and made during my employment interview.
- ✓ I authorize CGI Inc. and its respective agents to solicit and obtain information concerning my employment history and education history.
- ✓ With respect to *employment history*, I give my permission for my current and former employers to answer all questions based upon information available to them in my employment records.
- ✓ With respect to *education history*, I give my permission for any current or previously attended school, college, or university to provide details of my academic records to include area of study, grade point average, dates of attendance and degrees/certificates awarded.
- ✓ I understand it is possible that my employment/education records may not be accurate. Nonetheless, in consideration of my application review, I release CGI Inc., all current/former employers and all schools, colleges, and universities from any liability as a result of furnishing and receiving of this information.
- ✓ I understand that my failure to sign and return this release will be regarded as a withdrawal of my application for employment.

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Employee Printed Name	Applicant Signature	SSN