

VISTA FLEET APPLICATION FOR EMPLOYMENT

EMPLOYEE INFORMATION

Date					
Social Security #					
Last Name / First Name / Middle					
Address					
City / State / Zip					
Home Phone	Work	Cell			
Email Address					
Are you 18 years or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you 19 years or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT DESIRED

Position Desired					
Date you can start					
Salary Desired					
Are you employed now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, may we inquire of your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied to this company before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Where?	When?	

EDUCATION

Name/Location of High School	Number of years attended	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subjects studied	
Name/Location of College	Number of years attended	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subjects studied	
Name/Location of Trade/Business/Correspondence School	Number of years attended	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subjects studied	
Subjects of special study or research work		

GENERAL

Foreign languages you speak fluently			
U.S. Military / Rank			
Special membership in National Guard or Reserves			
How were you referred to this organization			

Have you ever been involuntarily discharged from employment? YES NO
 If so, when and under what circumstances _____

If hired, can you provide documents to prove that you are authorized to work in the United States? YES NO

Is there any information we would need about your name or the use of another name for us to be able to check your work record? (please specify) _____ YES NO

Have you ever been convicted of any crimes, excluding minor traffic violations? YES NO
 If yes, list nature, date and place _____

VISTA FLEET APPLICATION FOR EMPLOYMENT

PREVIOUS EMPLOYMENT HISTORY – BEGIN WITH PRESENT OR MOST RECENT EMPLOYER

Name/Address of Employer		
Position	Supervisor	Phone Number
From (month/year)	To (month/year)	Ending Salary
Brief Description of your duties		
Reason for leaving		
Name/Address of Employer		
Position	Supervisor	Phone Number
From (month/year)	To (month/year)	Ending Salary
Brief Description of your duties		
Reason for leaving		
Name/Address of Employer		
Position	Supervisor	Phone Number
From (month/year)	To (month/year)	Ending Salary
Brief Description of your duties		
Reason for leaving		

REFERENCES - Give names of two persons not related to you whom you have known at least one year.

Name/Address	
Business	Years Acquainted
Name/Address	
Business	Years Acquainted

IN CASE OF EMERGENCY NOTIFY:

NAME	ADDRESS	PHONE NUMBER
United States Coast Guard Regulations require that all employees in selective job functions submit to a pre-employment drug test and participate in a random drug testing program. I understand that refusal to submit to, or a positive test result, can result in termination.		

APPLICANT (PLEASE PRINT)	SIGNATURE	DATE
--------------------------	-----------	------

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed herein to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

SIGNATURE	DATE
-----------	------

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____ Hired - YES NO

If yes, Position/Department _____ Salary/Wage _____

Date reporting to work _____ Approved: General Manager _____ Operations Manager _____