

# Application for Employment



2328 N. Washington Blvd. ~ Sarasota, Florida 34234  
Phone (941) 955-8145 ~ Fax (941)955-9397  
[www.coastalchemical.com](http://www.coastalchemical.com)

**\*\*ALL QUESTIONS MUST BE FULLY COMPLETED\*\***

Coastal Chemical & Paper Supply, Inc. is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, sexual orientation or preference, veteran status, or physical or mental disability.

NAME \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Last First Middle Social Security #

ADDRESS \_\_\_\_\_  
Street City State Zip

TELEPHONE ( ) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ REFERRED BY \_\_\_\_\_

DATE AVAILABLE FOR WORK \_\_\_\_\_ DESIRED WAGE/SALARY \_\_\_\_\_

Have you ever employed here before? Yes\_\_ No\_\_ If yes, dates & position \_\_\_\_\_

Do you have any relatives employed by the Company? Yes\_\_ No\_\_ Name(s) \_\_\_\_\_

Are you at least 18 years old? Yes\_\_ No\_\_ If under 18, do you have a work permit? Yes\_\_ No\_\_

If employed, can you submit documentation verifying your unrestricted legal right to work in the United States and your identity? Yes\_\_ No\_\_

Will you be able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? With\_\_ Without\_\_ If with, please explain: \_\_\_\_\_

Have you ever been convicted of any crime, excluding convictions that have been sealed, expunged or legally eradicated, or misdemeanors for which probation was completed and the case was dismissed by court? Yes\_\_ No\_\_ If yes, please explain: \_\_\_\_\_

(Note: A yes response does not automatically disqualify your application.)

Are you seeking employment on a FULL TIME\_\_ PART TIME\_\_ TEMPORARY\_\_ basis?

Are you available and willing to work overtime, including weekends? Yes\_\_ No\_\_ If no, please explain: \_\_\_\_\_

Can you work effectively in a stressful environment? Yes\_\_ No\_\_

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes\_\_ No\_\_

**EMPLOYMENT RECORD**

List all previous employment for at least the past 10 years. START WITH CURRENT OR MOST RECENT POSITION AND WORK BACK TO LEAST RECENT POSITION. Account for any periods during which you were not employed. Attach additional sheets of paper if necessary.

Current or Last Employer:	Supervisor's Name
Address:	Supervisor's Title
	Telephone Number
Your position	May we contact: Yes _____ No _____
Assignment: Full-Time _____ Part-Time _____	Reason for leaving:
Employed From: Mo./Yr. _____ to _____	Monthly Salary: starting _____ final _____
Duties of position:	
Current or Last Employer:	Supervisor's Name
Address:	Supervisor's Title
	Telephone Number
Your position	May we contact: Yes _____ No _____
Assignment: Full-Time _____ Part-Time _____	Reason for leaving:
Employed From: Mo./Yr. _____ to _____	Monthly Salary: starting _____ final _____
Duties of position:	
Current or Last Employer:	Supervisor's Name
Address:	Supervisor's Title
	Telephone Number
Your position	May we contact: Yes _____ No _____
Assignment: Full-Time _____ Part-Time _____	Reason for leaving:
Employed From: Mo./Yr. _____ to _____	Monthly Salary: starting _____ final _____
Duties of position:	

**ADDITIONAL QUALIFICATIONS**

**Other Skills:** List any other job-related skills or qualifications that support your application

\_\_\_\_\_

\_\_\_\_\_

What equipment, including office equipment and production machinery, forklifts, etc., if any can you operated? (If required in position for which applying)

\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL DATA**

School	Print name, City and State for each School	No. Yrs. Comp.	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus., Night, or Correspondence				
Other				

**MILITARY**

Branch _____	Highest Rank Attained _____
Special training or skills received that may have a bearing on your application _____	
_____	
_____	

**FOREIGN LANGUAGES**

Describe your fluency in languages other than English _____
_____
_____

**REFERENCES**

Please provide the name and telephone number for three (3) persons who ARE NOT related to you with whom we may speak regarding your application for employment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VERIFICATION OF INFORMATION**

TO: Employment Applicants

As part of the hiring process at Coastal Chemical & Paper Supply, Inc., we will be checking the information you have provided on your application and/or resume. We will verify your educational accomplishments and work history, and we will check your references. In addition, we may also contact your friends, acquaintances, business associates, and anyone else who knows something about you. When we contact a reference, we may ask him or her questions about your personal background, education, work/experience, character, general reputation and personal characteristics.

**Scott A. Miller – President & CEO**

I have read and fully understand the above Verification of Information. I hereby voluntarily consent to allow any representative of Coastal Chemical & Paper Supply, Inc. to verify my educational and work histories, and to check my references by contacting any person whom they deem to be an appropriate reference. I further agree and understand the company representative may ask questions which they consider relevant to their hiring decision, including questions about my personal background, educational background, work experience, character, general reputation and personal characteristics. I further understand that any information received which is contrary to the information I provided in my application, resume, or provided verbally could result in the immediate rescission of any conditional offer of employment or subsequent termination of my employment.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**Please read the following carefully and sign below**

I understand that employees of Coastal Chemical & Paper Supply, Inc. are hired for indefinite terms of employment under circumstances and conditions of employment at will. My employment may be terminated with or without reasonable cause or notice at anytime at the option of Coastal Chemical or me, and for any or no reason.

I understand that prior to employment I will be required to submit to a post-offer medical examination and that any offer of employment is conditioned upon my being able to perform the essential functions of the position for which I have applied with or without reasonable accommodation. I further understand that all aspects of the Company’s employment screening process including, but not limited to, reference checks and pre-employment drug testing, as required, must be completed to the Company’s satisfaction. I understand that the Company recommends strongly that I not resign from y current job or take similar action until I am formally advised by the Company that the employment screening process is fully completed. If I fail to successfully complete any part of the Company’s pre-employment screening process, any conditional offer of employment may be terminated by Coastal Chemical without any prejudice to it or any other liability.

I certify that the information provided in this application is true. I further state that I have not knowingly withheld any facts that would affect this application. I authorize Coastal Chemical to verify any information contained in this application and/or provided during the interview process and release Coastal Chemical from any liability with respect to information supplied by me. I understand that any false statement, misstatement or omission of information in this application, on my resume, or any other document, or given during interviews may result in my immediate dismissal or denial of my application.

I understand that an investigative consumer report or a public record check as to my character, general reputation, personal character, mode of living and or other public information may be made in connection with my application for employment. I authorize Coastal Chemical to procure such reports. I also understand that, upon written request, Coastal Chemical will inform me if an investigative consumer or public record report has been requested and will give me the name and address of the agency or company to whom the request was made and may also inspect and receive a copy of this report contacting this agency or company. In addition, I understand that I have the right to make a written request, within a reasonable period of time, to receive additional information about the nature and scope of this investigation.

Finally, I understand that no officer or employee of Coastal Chemical, other than the owner of the business, has authority to enter into any agreement of employment, and any such agreement must be in writing and signed by the owner and me.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*