

COASTAL TRANSPORT LIMITED

PO Box 20078
 Saint John, NB
 E2L 5B2
 Phone: (506) 642-0521
 Fax: (506) 642-0526



Employment Application

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APPLICANT INFORMATION			
Last Name		First	Middle Initial
Street Address			Apartment/Unit #
City		Prov.	Postal Code
Phone			E-mail Address
I am Seeking	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	Part Time <input type="checkbox"/> Summer <input type="checkbox"/>
If applying for Permanent work of which a position is <u>not available</u> : I would be willing to work: Temporary <input type="checkbox"/> Part Time <input type="checkbox"/>			
Spoken Language:	English <input type="checkbox"/> French <input type="checkbox"/>	Written Language:	English <input type="checkbox"/> French <input type="checkbox"/>
Positions Applied For			Date Available
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a Criminal Offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Do you have any Physical conditions that may limit your ability to perform the job duties? (Physical demands include but not limited to: Heavy Lifting, Fatigue, Long Shifts Vibrations, Noise, Motion Sickness, Marine Emergency Duties, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Explain:
MARINE CERTIFICATES			
Certificate	Date of Issue (Day/Month/Year)	Date of Expiry (Day/Month/Year)	Canadian Document Number (CDN)
Relevant Experience, Skills and Trades that could be used during your employment			



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EDUCATION						
High School					Address	
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, Last Grade Completed:						
College					Address	
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Degree/Certificate Obtained:						
Other					Address	
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Degree/Certificate Obtained:						
REFERENCES						
<i>Please list three professional references.</i>						
1. Full Name				Relationship		
Company				P h ()		
Address						
2. Full Name				Relationship		
Company				P h ()		
Address						
3. Full Name				Relationship		
Company				P h ()		
Address						
PREVIOUS EMPLOYMENT (THREE MOST RECENT)						
Company				Phone ()		
Address				Supervisor		
Job Title				May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Responsibilities						
From		To		Reason for Leaving		



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Company				Phone	()
Address				Supervisor	
Job Title				May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Responsibilities					
From		To		Reason for Leaving	
Company				Phone	()
Address				Supervisor	
Job Title				May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Responsibilities					
From		To		Reason for Leaving	
DISCLAIMER AND SIGNATURE					
<p>I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my termination.</p> <p>I understand, agree and consent that if this application leads to an offer of employment I may be required to undergo mandatory drug screening prior to an employment offer. Additionally, I understand that I may be subject to random drug screening throughout my employment.</p> <p>Confidentiality:</p> <p>I acknowledge that, in the course of employment I may come into the possession of certain confidential information belonging to the Employer including but not limited to trade secrets, customer lists, supplier lists and prices, pricing schedules, methods, processes, or marketing plans. I hereby agree that at no time, during or after the term of employment, use for my own benefit or the benefit of others, or disclose or divulge to others, any such confidential information. I understand that violation of this policy will result in termination.</p> <p>Media:</p> <p>Employees will not speak to the media or post on the internet in any manner, or answer any questions about the Employers products, services, or business. All media inquires should be directed to the Media Relations Individual of the Employer. I understand that violation of this policy will result in termination.</p>					
Signature				Date	