



Bobby Soles Propeller is a subsidiary of Coastal Marine Propulsion Inc.

**PLEASE READ THE INFORMATION BELOW PRIOR TO SUBMITTING AN APPLICATION  
OF EMPLOYMENT WITH US.**

If you need assistance to complete this application due to a disability or language barrier, please see a HR representative for assistance.

**Applications must be completed as fully as possible. Applications with incomplete information (personal information, dates of employment, references, and signature) will not be processed.**

After an offer of employment is made, Coastal Marine Propulsion, Inc. and its subsidiaries perform background screens, which may include DMV, criminal, social security, and credit checks, depending on the position; a medical evaluation; and drug screen.

Information from these screens must match information given as part of the application and interview process.

**OFFERS MAY BE RESCINDED AT MANAGEMENT DISCRETION BASED ON INFORMATION RECEIVED AS A RESULT OF A BACKGROUND INVESTIGATION, MEDICAL OR DRUG SCREEN**

**PLEASE AVOID SUBSTANTIAL LOSS OF TIME FOR YOU AND THE COMPANY IF YOU KNOW YOU HAVE USED ANY ILLEGAL DRUGS IN THE LAST 30 DAYS!**

**DILUTED URINE SPECIMEN SAMPLES AND/OR POSITIVE DRUG SCREEN RESULTS MEAN YOU WILL NOT BE HIRED.**

\_\_\_\_\_ (Initial)



## EMPLOYMENT APPLICATION

Coastal Marine Propulsion, Inc. (DBA Bobby Soles Propeller) fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intend to comply fully with applicable federal and states employment laws and the information requested on this application will only be used for purposes consistent with those laws. Applications are only accepted for those positions currently available and will only be considered for sixty (60) days from today's date or until the position applied for is filled, whichever comes first.

**Position Applied For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### Personal Data:

|                |              |                |          |
|----------------|--------------|----------------|----------|
| _____          | _____        | _____          |          |
| Last Name      | First Name   | Middle         |          |
|                |              |                |          |
| _____          | _____        | _____          | _____    |
| Street Address | City         | State          | Zip Code |
|                |              |                |          |
| _____          | _____        | _____          |          |
| Home Phone     | Mobile Phone | E-Mail Address |          |

Are you at least 18 years old? \_\_\_\_\_

Are there any days, shifts or hours you will not work? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Will you work overtime, if required? \_\_\_\_\_

When will you be available to start work if hired? \_\_\_\_\_

Coastal Marine Propulsion, Inc. is a Drug Free Company. Applicants must consent to a drug test as a condition of being hired. Do you have any objections to this? \_\_\_\_\_

How did you hear of our Company? \_\_\_\_\_

If referral, who were you referred by? \_\_\_\_\_

Have you ever applied or worked here before? \_\_\_\_\_ If yes, provide dates: \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_\_

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? \_\_\_\_\_

**Note:** *The federal Immigration and reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire on the first day of employment. All new hires must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.*

## Driving Record:

Do you have a valid driver's license? \_\_\_\_\_ State \_\_\_\_\_ License No. \_\_\_\_\_

Have you had any traffic citations in the past 5 years? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has your license ever been revoked or suspended? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Do you have any DUI or DWI convictions? \_\_\_\_\_ If yes, when were you convicted and explain: \_\_\_\_\_

## Residences:

**Please provide your addresses of residence for the past ten (10) years beginning with your current and most recent addresses.**

|                |      |       |          |       |     |
|----------------|------|-------|----------|-------|-----|
| Street Address | City | State | Zip Code | From: | To: |
| Street Address | City | State | Zip Code | From: | To: |
| Street Address | City | State | Zip Code | From: | To: |
| Street Address | City | State | Zip Code | From: | To: |

## Education:

| Name, City and State of Education Center | Graduated? | Type of Degree Earned if Applicable | Major | Overall GPA |
|--|------------|-------------------------------------|-------|-------------|
| High School                              |            |                                     |       |             |
| College or University                    |            |                                     |       |             |
| Technical/GED                            |            |                                     |       |             |
| Licenses/ Certifications/Other           |            |                                     |       |             |

## Employment History: (Attach your resume, if you have one)

1. \_\_\_\_\_  
Company Name Telephone Number

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Name of Supervisor Date Started Date Ended May we contact?

\_\_\_\_\_  
Job Title and Duties Starting Pay Ending Pay

\_\_\_\_\_  
Reasons for Leaving

2. \_\_\_\_\_  
Company Name Telephone Number

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Name of Supervisor Date Started Date Ended May we contact?

\_\_\_\_\_  
Job Title and Duties Starting Pay Ending Pay

\_\_\_\_\_  
Reasons for Leaving

3. \_\_\_\_\_

|              |                  |
|--------------|------------------|
| Company Name | Telephone Number |
|--------------|------------------|

\_\_\_\_\_

Company Address

\_\_\_\_\_

|                    |              |            |                 |
|--------------------|--------------|------------|-----------------|
| Name of Supervisor | Date Started | Date Ended | May we contact? |
|--------------------|--------------|------------|-----------------|

\_\_\_\_\_

|                      |              |            |
|----------------------|--------------|------------|
| Job Title and Duties | Starting Pay | Ending Pay |
|----------------------|--------------|------------|

\_\_\_\_\_

Reasons for Leaving

\_\_\_\_\_

4. \_\_\_\_\_

|              |                  |
|--------------|------------------|
| Company Name | Telephone Number |
|--------------|------------------|

\_\_\_\_\_

Company Address

\_\_\_\_\_

|                    |              |            |                 |
|--------------------|--------------|------------|-----------------|
| Name of Supervisor | Date Started | Date Ended | May we contact? |
|--------------------|--------------|------------|-----------------|

\_\_\_\_\_

|                      |              |            |
|----------------------|--------------|------------|
| Job Title and Duties | Starting Pay | Ending Pay |
|----------------------|--------------|------------|

\_\_\_\_\_

Reasons for Leaving

\_\_\_\_\_

Please explain any gaps in your employment: \_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged or permitted to resign from a job? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever signed a non-compete or non-solicit agreement with any other employer in the past 5 years? \_\_\_\_\_

**References: (Do not list relatives)**

|       |                |              |              |
|-------|----------------|--------------|--------------|
| _____ | _____          | _____        | _____        |
| Name  | City and State | Phone Number | Relationship |

|       |                |              |              |
|-------|----------------|--------------|--------------|
| _____ | _____          | _____        | _____        |
| Name  | City and State | Phone Number | Relationship |

|       |                |              |              |
|-------|----------------|--------------|--------------|
| _____ | _____          | _____        | _____        |
| Name  | City and State | Phone Number | Relationship |

## Criminal Record Information:

Have you ever been convicted of a felony within the last 10 years? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Have you ever been convicted within the last 10 years of misappropriation of funds, embezzlement, or similar for other dishonest conduct; or offense involving the use of a weapon; burglary, robbery, breaking and entering or theft; of physical assault or other violent crime? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you completed a period of incarceration within the past 10 years? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please write a brief summary on what *SAFETY IN THE WORK PLACE* means to you.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPLICANT'S ACKNOWLEDGMENT

I hereby certify that I have read and fully understand this application. Prior to signing below, I had the opportunity to ask Coastal Marine Propulsion, Inc. about this application and to clarify any questions I might have had concerning this application form.

I Certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice. I consent to and authorize Coastal Marine Propulsion, Inc., to contact my former employers, references and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I understand that Coastal Marine Propulsion, Inc. may require additional information from me regarding a driving position with Coastal Marine Propulsion, Inc. and I agree to provide that information upon request.

**AT-WILL EMPLOYMENT:** I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS THAT OF AN EMPLOYEE AT-WILL. I UNDERSTAND MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER(S) WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FUTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER(S) POLICY, CUSTOM, BUSINESS PRACTICE OR ANY OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER(S). I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF COASTAL MARINE PROPULSION, INC.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation; take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize Coastal Marine Propulsion, Inc. and clients to release the results of background checks (if any) and my pre-employment drug test (if any), any information on this application and any relevant information about me to each other and to other Coastal Marine Propulsion, Inc. clients for whom I have applied for employment, and release Coastal Marine Propulsion, Inc. and its clients from any and all claims related to the lawful release of this information. I further authorize the release of any background check results, of any drug test to any state or federal authority in response to a valid subpoena or court order.

I acknowledge that this application will remain active for 60 days from this date. If I have not heard from Coastal Marine Propulsion, Inc. at the conclusion of this 60 day period, it is my responsibility to complete a new application if I still wish to be considered for employment. I further understand that if I am hired by Coastal Marine Propulsion, Inc. that I will have an introductory period of 90 days, wherein that time either Coastal Marine Propulsion, Inc. or I can end employment without notice, for any reason.

I have read this acknowledgment carefully and certify by my signature below that I understand all and agree to it in its entirety.

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Applicant's Signature

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Date

## **APPLICANT'S AUTHORIZATION FOR EMPLOYMENT REFERENCES**

In connection with my application for employment with Coastal Marine Propulsion, Inc. d/b/a Bobby Soles Propeller, I understand and agree that investigative inquiries are to be made on myself including, but not limited to, consumer credit, criminal convictions, motor vehicle history, educational transcripts, and other reports of any nature and type, including information in the public domain. These reports will include information as to my character, work, habits, performance, and experience together with reasons for termination of past employment.

I understand and agree that Company can and will be requesting information from various federal, state, and other agencies that maintain records concerning my past activities related to my driving, credit, criminal, education, and other experiences.

I authorize without reservation all corporations, companies, credit agencies, persons, educational institutions, law enforcement agencies, and former employers to release information they may have about me, and release them from any liability and responsibility for doing so; further, I authorize the procurement of an investigative consumer report related to me and acknowledge my understanding that such report may contain information as to my background, mode of living, character, and personal reputation.

This authorization, in original and copy form, shall be valid for this and any future reports that may be requested.

I hereby authorize investigation of all statements made by me with no liability arising therefrom.

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_