# SAILMAINE JOB APPLICATION

SailMaine is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

## Please fill out all the sections below:

<u>Applicant information</u>	
Name:	<del></del>
Address:	City/State/Zip Code:
Telephone:	Email Address:
Employment Position	
Position(s) applying for:	How did you hear about this position?
If you are hired, on what date can you begin wor	king?
If you are applying for a junior instructor position	n, are you available from June 15 to August 21? YES NO
If no, which dates are you unavailable?	
Personal Information	
Are you a US Citizen or approved to work in the U	Jnited States? YES NO
If you are considered for hire, we will run a backg that you would like to explain? YES NO	ground check on you. Is there any information that we will find there
If yes, please explain:	
Job Skills/Qualifications	
Please list your skills, qualifications, and relevant	experience you possess for the job you're applying for:
If you're applying to be a junior instructor, do you	u have any experience working with children previously? YES NO
If yes, please explain:	

Many of our staff members need to drive a power boat as part of their duties. Is this something you are comfortable with? YES NO Have you completed powerboat safety training? YES NO

Note: SailMaine complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions).

# **Education and Training**

#### High School

Name	Location (City/State)	Year Graduated	Degree Earned

### College/University/Vocational Training

Name	Location (City/State)	Year Graduated	Degree Earned

Do you have a current First Ald/CPR certif	fication? YES INO IT yes, expiration:					
If not, will you have time to complete Firs	st Aid/CPR certification before being hired? YES NO					
Do you have your Level 1 Sailing Instructor certification? YES NO If yes, expiration:						
<u>Previous Employment</u>						
Current or most recent Employer Name:						
Job Title:	Supervisor Name:					
Employer Address:	City/State/Zip:					
Employer Telephone:	Dates Employed: TO					
Responsibilities:						
Reason for Leaving:						
Previous Employer Name:						
Job Title:	Supervisor Name:					
Employer Address:	City/State/Zip:					
Employer Telephone:	Dates Employed: TO					

Responsibilities:			-
Reason for Leaving:			-
Previous Employer Name:			
Job Title:	Supervisor Name:		
Employer Address:	City/State/Zip:		
Employer Telephone:	Dates Employed:	то	
Responsibilities:			
			-
Reason for Leaving:			-
Please tell us in plain terms why you want to work at Sail	Maine:		
I certify that the information I have provided on this appl	lication is true.		
Applicant	Date		