

# Application for Employment – Youth Sailing Education Program

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

E-mail completed form to Director of Sailing Education at [Chelseayouthsail@yahoo.com](mailto:Chelseayouthsail@yahoo.com) OR mail to attention of Director of Sailing Education, Chelsea Yacht Club, P.O. Box 180, Chelsea-on-Hudson, NY 12512

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Name – First Middle Last

PRESENT ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

How long at this address? \_\_\_\_\_

Social Security No. \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Salary desired: \_\_\_\_\_

Hours of Employment: Full Time Only \_\_\_\_\_ Part Time Only \_\_\_\_\_ Full or Part Time \_\_\_\_\_

Date when you are available for work: \_\_\_\_\_

Date(s): During the summer when you will not be available for work: \_\_\_\_\_

\_\_\_\_\_

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High School\Grade completed: \_\_\_\_\_

Education beyond High School: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No \_\_\_ Yes \_\_\_

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_  
\_\_\_\_\_

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## Certifications

Safe Boating Completed (date): \_\_\_\_\_ Number (date): \_\_\_\_\_

CPR completed (date): \_\_\_\_\_ Type \_\_\_\_\_

First Aid Certification(date): \_\_\_\_\_ Type \_\_\_\_\_

US Sailing Counselor: \_\_\_\_\_

US Sailing Level I Small Boat Sailing Instructor: \_\_\_\_\_

US Sailing Level II Small Boat Sailing Instructor Coach: \_\_\_\_\_

Other sailing or instruction-related certifications: \_\_\_\_\_

Please Attach Copies of all certificates.

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**Boating Experience:** Please list all boats **sailed** and your skill level\crew or skipper, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What sailing dinghies can you rig? \_\_\_\_\_

What power boats have you operated\skill level? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What Sailing Skills are you best at teaching and why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Driver's License # \_\_\_\_\_ State \_\_\_\_ Operator\_\_ Commercial\_\_ CDL\_\_ Chauffeur\_\_

How will you get to work? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** Please list two references we may contact **other than relatives or previous employers:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE:**

Please list your work experience for the **past Three years** beginning with your present or most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name employer #1 \_\_\_\_\_

Address \_\_\_\_\_

Name of last supervisor City, State, Zip Code Phone number \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employment dates \_\_\_\_\_

Pay or salary \_\_\_\_\_

Your last job title \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions:

\_\_\_\_\_  
\_\_\_\_\_

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Name employer #2 \_\_\_\_\_

Address \_\_\_\_\_

Name of last supervisor City, State, Zip Code Phone number \_\_\_\_\_

\_\_\_\_\_

Employment dates \_\_\_\_\_ Pay or salary \_\_\_\_\_

Your last job title \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions:

\_\_\_\_\_  
\_\_\_\_\_

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Name employer #3 \_\_\_\_\_

Address \_\_\_\_\_

Name of last supervisor City, State, Zip Code Phone number \_\_\_\_\_

\_\_\_\_\_

Employment dates \_\_\_\_\_ Pay or salary \_\_\_\_\_

Your last job title \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions:

\_\_\_\_\_  
\_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES\_\_\_ NO\_\_\_

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If you wish, please make a brief summary with additional information you deem pertinent to this application:

\_\_\_\_\_  
\_\_\_\_\_

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Signature of applicant indicating all information provided is accurate to the best of your knowledge. \_\_\_\_\_ Date \_\_\_\_\_