Longshore Sailing School

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name: _____
Last First Middle D.O.B

Address: _____
Street City State Zip

Contact Information: (____)_____ (____)_____ _____
Home Telephone Mobile E-mail

Position Desired: _____

Are you available to work full time during our scheduled 4 sessions? _____

Will you require any extended days off within these dates? _____

What is the earliest date of the season you can work? _____

What is the last date of the season you can work? _____

EDUCATION

	Name and Location	Last Grade / Year Completed	Year Graduated
High School			
College or University			
Specialized Training Trade School			
Other Education			

EMPLOYMENT HISTORY

Company Name: _____ Employer's Phone: _____ Supervisors Name: _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Employed from: _____ to _____

Job Responsibilities: _____

Company Name: _____ Employer's Phone: _____ Supervisors Name: _____

Address: _____ City/State: _____ Zip: _____

Job Title: _____ Employed from: _____ to _____

Job Responsibilities: _____

Signature: _____ Date:_____

Please provide a brief summary of your credentials, accomplishments, and marine related experience which would best describe your qualifications for the position you are applying for. Include your typed response on a separate piece of paper.