

Employment Application
Adirondack II – Sailing Excursions, Inc.
PO Box 1155, Newport, RI 02840
401-862-8441 www.sail-newport.com

Our policy is to provide equal employment opportunity to all qualified persons.

Position Desired: Crew____Captain____Land Ambassador____

These jobs involve heavy lifting and physical labor.

Last name _____ First name _____ Middle name _____

Current Address _____

City _____ State _____ ZIP _____

Telephone _____ Email Address _____

Position applied for _____

How did you hear of this opening? _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Our season runs from mid May to mid October. What months are you available ? _____

Are you available full time or part time? _____

Are you willing to work nights and weekends? _____

How soon can you start work? _____

When are you available for an interview? _____

Have you ever failed a drug test? _____

Have you ever previously been interviewed by this company here, in NYC or KeyWest? If so,when?
_____ By whom? _____

Do you have a Driver's License? _____ Number _____ State _____

Education

Education	Year	Major	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____
Training _____	_____	_____	_____
Other Training _____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Please rate yourself on a scale of 1-10 (10 being the highest) in the following areas:

- math skills record keeping sales computer skills cash balancing end of day
 boat maintenance sail handling mechanical repair, i.e. engine, pumps electrical troubleshooting/repair carpentry lifting heavy objects customer service bar tending
 waitstaff hostess

Sailing Experience Do you have a USCG License? _____

If so, what is the tonnage and route? _____

How long have you had your USCG License? _____

Where have you used it, in what capacity? _____

How old were you when you learned to sail? _____

Where and how did you learn to sail? _____

What boats have you sailed on, dates of employment or trips and position?

Employment History (Start with most recent employer please list all employment for the past five years, attach additional pages if necessary) Or attach a resume.

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

References: Please list one or two references with address and phone number, not family members:

1.

2.

Applicant's Certification and Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature _____ Date _____

Please either email to Helen@sail-newport.com, send to the address on the first page of the application, or fax to: 401-846-2239