



Thank you for considering Offshore Sailing School in your job search. Offshore Sailing School is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status or military service. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

1. All areas of this application must be filled out completely and accurately. Please fill in the required information directly on the application. Do not indicate “see resume.”
2. If you are offered a position with Offshore Sailing School, Ltd., Inc. be aware that we may verify all of the information that you have written on the application, as well as your resume. If there is a discrepancy in your information, the job offer may be withdrawn. It is important to be sure that what you have written is correct.
3. If you have any questions about completing the application, please email Doris@OffshoreSailing.com or communicate directly with the Offshore Sailing School representative who has been assisting you.

Thank you for your cooperation.

Applicant Acknowledgement

My signature below indicates that I have read and understand the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

Signature of Applicant

Date



APPLICATION FOR EMPLOYMENT

This application is used for all positions in the company. Please answer all questions, regardless of whether you think they apply to the job you are seeking. Resumes are desired, but not a substitute for answering employment information. This application must be filled out completely and submitted with any resume. If applying for an instructor position, please also include a sailing resume.

CONFIDENTIAL

Please complete all questions, print in dark ink, sign your initials and name on the last page where indicated.

Title of Job You are Interested In _____ Date of Application _____

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY AND STATE	ZIP CODE
HOME PHONE NUMBER	CELL PHONE NUMBER	DATE YOU CAN BEGIN
E-MAIL ADDRESS	POSITION APPLIED FOR	SALARY DESIRED

LEVEL/TYPE OF EDUCATION	SCHOOL NAME	CITY & STATE	LAST YEAR COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE OR UNIVERSITY				DEGREE EARNED
OTHER SCHOOLS				CERTIFICATE OR LICENSE

SPECIAL SKILLS

Software Applications:
Technical Skills:
Sailing Skills:
Other:



Only U.S. Citizens or aliens with a legal right to work in the United States are eligible for employment if applying to work in the United States. If your desire is to work in the U.S. can you, upon employment, submit documentation verifying your identity and your legal right to work in the United States? Yes No

If you are applying to work in the British Virgin Islands, do you have a valid work permit issued by the BVI Government? (Not required, but helpful.) Yes No

Have you been convicted of any crime within the past five years? Yes No
 A conviction will not necessarily disqualify you from employment, but if yes, we require dates and an explanation in the space below.

Are there any names or assumed names you previously used? Yes No
 If yes, identify these and relevant dates in the space below:

How did you hear about Offshore Sailing School? _____

Have you filed an application here before? Yes No
 If yes, when? _____

Were you ever employed previously by Offshore Sailing School? Yes No
 If yes, when and where? _____

Do you have any sailing experience? Yes No
 If yes, is your skill level beginner intermediate advanced?
If yes and you have a sailing resume, please attach it to this application.

EMPLOYMENT HISTORY

List each job held, most recent/current job first. Include military experience. Indicate if known by other name. Fill this section out completely even if you have given us a resume.

EMPLOYER – CURRENT OR MOST RECENT	WORK PERFORMED	START DATE	END DATE
Name of Co.			
Address		START SALARY	END SALARY
Job Title			
Supervisor's Name and Title		If you had another name, write that name below	
Supervisor's Phone and E-Mail			
Reason for Leaving		May we call employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER – 2 nd FROM MOST RECENT	WORK PERFORMED	START DATE	END DATE
Name of Co.			
Address		START SALARY	END SALARY
Job Title			
Supervisor's Name and Title		If you had another name, write that name below	
Supervisor's Phone and E-Mail			
Reason for Leaving		May we call employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	



EMPLOYER – 3 rd FROM MOST RECENT	WORK PERFORMED	START DATE	END DATE
Name of Co.			
Address		START SALARY	END SALARY
Job Title			
Supervisor's Name and Title		If you had another name, write that name below	
Supervisor's Phone and E-Mail			
Reason for Leaving		May we call employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER – 4 th FROM MOST RECENT	WORK PERFORMED	START DATE	END DATE
Name of Co.			
Address		START SALARY	END SALARY
Job Title			
Supervisor's Name and Title		If you had another name, write that name below	
Supervisor's Phone and E-Mail			
Reason for Leaving		May we call employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you checked we should not contact a previous employer, please tell us why:

Were you ever dismissed or forced to resign from any employment? Yes No

If yes, please explain in space below:

Are you on a leave of absence and subject to recall? Yes No

Can you travel if job requires it? Yes No

Will you work overtime if asked? Yes No

Are there any hours, shifts, or days you will not or cannot work? Yes No

Do you have friends or relatives employed by Offshore? Yes No

If yes, please fill out the section below:

Name _____ Relationship _____

Name _____ Relationship _____

REFERENCES NOT RELATED TO JOB HISTORY

List below three persons who have known you well for at least two years.

Name	Phone and E-Mail	Occupation



OTHER AFFILIATIONS AND SKILLS BENEFICIAL FOR POSITION SEEKING

If applying for a “faculty position” (management, instructor, technician), please list any valid US Sailing, ASA, RYA instructor certifications, and US Coast Guard Licenses you may hold:

Please list membership in organizations and professional groups which, in your opinion, are beneficial for the position you are seeking:

Please list other job-related skills, qualifications, licenses or honors that may be beneficial:

List any other information you wish considered as part of your application for employment:

NOTICE TO APPLICANTS

Offshore Sailing School complies with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files. Offshore Sailing School is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS AND SIGN BELOW

I hereby certify to the best of my knowledge that all of the information contained in the application is true and that any willful misrepresentations or omissions of facts will give cause for my application not to be considered or if I have been employed, will be cause for my immediate discharge. ____ **(Initials)**

I hereby give my permission to Offshore Sailing School, Ltd., Inc., herein after referred to as the “employer,” to make investigations related to this application including, but not limited to, general background checks and credit reports, and for my former employers to furnish their records of any service, my reason for leaving their employ, together with all information they may have concerning me, whether on record or not. I release them and their company from any damage whatsoever for issuing same. ____ **(Initials)**

I understand and agree that all policies and procedures may be modified, amended, or deleted by the employer with or without notice to me of such amendment, modification, or deletions, that policies and procedures whether oral or written are to be advisory only and are not to be interpreted as a contract of employment or to give me any right of continued employment. ____ **(Initials)**

I freely and voluntarily agree to submit to a drug test as part of my application for employment in accordance with applicable laws. I understand refusal to submit to the drug test or my failure to qualify according to the minimum standards established by the employer for this examination will disqualify me from further consideration for employment. I further understand that upon commencement of employment I may again be required to submit to a drug test. I further understand that my refusal to take a requested drug test or my failure to meet the minimum standards set for the examination, may result in discipline up to and including discharge. ____ **(Initials)**

I understand if I am employed, my employment will be at the will and pleasure of the employer and may be terminated by the employer at any time, for any or no reason or without notice. As all employees serve at the will and pleasure of the employer there is no requirement that the employer establish just cause for any employment action up to and including discipline, transfers, layoffs, or discharge. ____ **(Initials)**

Signature _____ **Date** _____

If U.S. Citizen: Social Security # _____
Driver's License # _____ State _____