



SEASONAL CREW EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Last:	First:	Middle:	Cell #:	Name of Cell Carrier:
Present Address:	City:	State:	Zip Code:	Date:
Permanent Address:	City:	State:	Zip Code:	Home Phone:
Email Address:			Referred by:	
In case of an emergency notify (name, address, and telephone number):				
Are you a U.S. Citizen? Yes No		If No, do you have a visa or immigration status allowing you lawful employment in the U.S.? Yes (Provide copy) No		
Have you ever been convicted of a crime? Yes No		If yes, explain & state whether your conviction affects your fitness/ability to perform any job for which you are applying.		

EMPLOYMENT DESIRED

Please indicate position(s) desired:			Can you commit to entire season? Yes No	
Captain	First Mate	Engineer	If no, explain: Which alternate positions would you accept:	
Deckhand/Guide	Chef	Assistant Chef		
Naturalist	Steward	Assistant Steward		
Guest Coordinator	Other:			
Have you worked for The Boat Company before?: Yes No		If Yes, please give dates:		Merchant Mariner Number:
List Coast Guard licenses/rating:		List your specific training, skill, and experience, including certification, which you feel are relevant to this position:		

EDUCATION

	Name of School	City and State	Check last year completed				Did you graduate?	
High School			1	2	3	4	Yes	No
College			1	2	3	4	Yes	No
Trade or Business School			1	2	3	4	Yes	No

US MILITARY SERVICE

Name of Service:	Achieved Rank:	Present Membership in Service, National Guard or reserves: Yes No
Honorable Discharge: Yes No	Dates:	Commitment conflicts, if any:

EMPLOYMENT RECORD

Last four employers, listing the most recent or current employer first:

Name of Employer:	Contact Person:	Type of Work/Special Skills:	Employment Dates (month and year): From: To:
Street Address	Telephone Number:		Salary Starting: Ending:
City:	State:	Zip:	Reason(s) for leaving:
Name of Employer:	Contact Person:	Type of Work/Special Skills:	Employment Dates (month and year): From: To:
Street Address	Telephone Number:		Salary Starting: Ending:
City:	State:	Zip:	Reason(s) for leaving:
Name of Employer:	Contact Person:	Type of Work/Special Skills:	Employment Dates (month and year): From: To:
Street Address	Telephone Number:		Salary Starting: Ending:
City:	State:	Zip:	Reason(s) for leaving:
Name of Employer:	Contact Person:	Type of Work/Special Skills:	Employment Dates (month and year): From: To:
Street Address	Telephone Number:		Salary Starting: Ending:
City:	State:	Zip:	Reason(s) for leaving:

I swear that the statements in this application are true and correct. I understand that any false or misleading statement or omission of material fact may result in dismissal. I authorize the Employer to investigate and verify any of the information I have submitted in applying for employment with the Employer. I understand that employment, if offered, will be at the will of myself and the Employer and may be terminated at any time for any reason by either party.

The Boat Company is an equal opportunity employer. Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, national origin, age, or the presence of non job-related handicaps.

Signature (or typed name in lieu of signature) of Applicant

Date