



**2022 Seasonal Employment Application**

***Please include a current resume with your application. It should detail education history, all current certifications (or relevant expired certifications), and related jobs, skills or experiences.***

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Current/School Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work/School) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? Yes No

Explain if Yes \_\_\_\_\_

Medical Concerns or Allergies: \_\_\_\_\_

Are you under 18 years of age?  Yes  No

Are you US Sailing Certified?  Yes  No

If yes, what Level(check the line to the left of the certification you hold):  Level One Instructor  Level Two Instructor  Level Three Coach  Level Three Head Instructor  Level One Instructor Trainer  Level Two Coach Trainer

Do you have a current CPR/First Aid Card?  Yes  No

Do you have a boater's license?  Yes  No

Have you ever applied to CSC before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

1. Position Desired- if interested in more than 1 position please indicate your order of preference for all desired positions:

- A. High School Sailing Assistant Coach (spring & fall) \_\_\_\_\_
- Sailing Instructor \_\_\_\_\_
- Sailing Assistant (16-17 years old) \_\_\_\_\_
- Waterfront Manager \_\_\_\_\_
- Waterfront Coordinator \_\_\_\_\_

B. Full Time (≥ 64+ hrs/2 week period) \_\_\_\_\_ Part Time (< 32 hrs/wk) \_\_\_\_\_

C. Dates available for work: (Please check all that apply and provide additional info. below)

a. Spring Season (4/25- 6/12) \_\_\_\_\_ (Limited hours may apply)

b. Summer Season (6/13 - 9/5) \_\_\_\_\_

c. Fall Season (9/6 - 10/10) \_\_\_\_\_ (Limited hours may apply)

Details:

D. Dates/Days **not** available for work (*please be specific*, keep in mind that this is a seasonal position and staff are expected to work 5-6 days a week. Requesting more than 2 days off in a row will be unacceptable except in extreme circumstances):

E. Weekly availability (Daytime, Evenings, Weekends, etc.)

2. List sailing, boating and safety related courses/certifications you have completed or anticipate completing before the season:

3. Describe a situation where you've had to provide emergency assistance:

4. What is your customer service experience? Do you have experience interacting with customers on the phone and in person?

5. Check which classes you would be comfortable teaching (be honest, you do not have to be able to teach them all):

Class	Lead Instruct	Assistant Instruct
Youth Beginner		
Youth Intermediate		
Youth Keelboat		
Adult Dinghy - Beginner		
Adult Keelboat - Beginner		
Adult Dinghy - Intermediate		
Canoe or Kayak		
Stand Up Paddleboarding		
Adaptive Sailing		
At-Risk Youth and Team-Building		
Advanced Clinics/Classes (Race, Spin, etc.) for Youth		
Advanced Clinics/Classes (Race, Spin, etc.) for Adult		
High School Team Coaching		
Running Short Course Races		
Environmental Science Programs		



**Powerboat Experience:** (Please list the types of motorboats you are familiar driving)

Boat Type	Years' Experience	Type of weather and water you've used them on

7. List your last three employers. If you have taught sailing before, please be sure to include that organization as well:

Company Name & Supervisor	Dates	Job Responsibilities	Reason for Leaving

A. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

B. If so, may we inquire of your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

8. List 2 professional references that we may contact, at least one employer required:

Name	Relationship	Phone	Email

*Please use the back of this application (or attach another page) to include anything else, an experience, an achievement, or other piece of information that would be useful in addition to the questions in this application.*

**I certify that the information contained in this application is true and complete to the best of my knowledge. I give authorization to contact the references and/or employers listed above and/or any person or organization that may have information concerning me.**

**Name (printed):** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Email complete form to: pierre@communitysailingcenter.org**