

OLD COVE YACHT CLUB
EMPLOYMENT APPLICATION
2012

PERSONAL INFORMATION:

NAME: _____

E-MAIL ADDRESS: _____

SCHOOL ATTENDING: _____

HIGH SCHOOL GRADUATING CLASS OF: _____

BIRTH DATE: _____

ADDRESS:

Street Address: _____

City, State, Zip Code: _____

Phone #: _____

Cell Phone #: _____

SUMMER ADDRESS:

Street Address: _____

City, State, Zip Code: _____

Phone #: _____

POSITION:

Please check all you will accept:

- _____ **Head Instructor**
- _____ **Senior Instructor**
- _____ **Instructor**
- _____ **Junior Instructor**

AVAILABILITY:

Days & Hours Available: All days

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

What date are you able to start working? _____

What date do you need to finish working? _____

WORK /SAILING EXPERIENCE: (attach additional sheets if required)

CLASSES/ CERTIFICATIONS:

Please check all that apply and attach copies of certificates

CPR: _____ Date Completed _____

First Aid: _____ Date Completed _____

NY Junior Boating Course: _____ Date Completed _____

US Sailing Level 1: _____ Date Completed _____

US Sailing Level 2: _____ Date Completed _____

US Sailing Counselor Course: _____ Date Completed _____

US Sailing Safe Powerboat Course: _____ Date Completed _____

US Sailing Rescue & Recovery Course: _____ Date Completed _____

Red Cross Life Saving Course: _____ Date Completed _____

Additional Classes or Certifications?
