

Wayzata Community Sailing Center
Post Office Box 768
Wayzata, MN 55391
952-476-5875

Employment Application

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile _____

E-mail Address: _____

Date Available to Start: _____

Social Security Number: _____ - _____ - _____

Driver's license number: _____ State: _____

If you are under 18 years of age, can you provide a work permit? Yes No

If no, please explain: _____

Are you a citizen of the United States? Yes No

If not, are you legally allowed to work in the United States? Yes No

Type of employment desired: Summer Camp Instructor Optimist Racing Coach
 420/Laser Racing Coach Substitute Instructor/Coach Receptionist
 Adult Keelboat Instructor Maintenance personnel

Are you US Sailing Certified? Yes No

If yes, what Level: Level One Instructor Level Two Coach Level Three Coach
 Level One Instructor Trainer Level Two Coaches Trainer

Where did you receive your training? _____

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

What other related certifications do you have? _____

What type of sailboats have you sailed and for how long? _____

What type of powerboats have you driven and for how long? _____

Summarize your special skills or qualifications: _____

Previous Employment (begin with most recent position)

Date of Employment: From ___/___/___ to ___/___/___ Position Held: _____

Company Name: _____

Address: _____ City: _____ St: ___ Zip: _____

Phone : _____ Supervisor: _____ Title: _____

Responsibilities: _____

Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Previous Employment

Date of Employment: From ___/___/___ to ___/___/___ Position Held: _____

Company Name: _____

Address: _____ City: _____ St: ___ Zip: _____

Phone : _____ Supervisor: _____ Title: _____

Responsibilities: _____

Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Previous Employment

Date of Employment: From ___/___/___ to ___/___/___ Position Held: _____

Company Name: _____

Address: _____ City: _____ St: ___ Zip: _____

Phone : _____ Supervisor: _____ Title: _____

Responsibilities: _____

Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview may result in discharge.

Signature of Applicant: _____ Date: _____