

EMPLOYMENT APPLICATION

Saginaw Bay Community Sailing Association (SBCSA)

It is the policy of SBCSA not to discriminate against any employee or applicant for employment based on religion, race, color, national origin, age, sex, height, weight, familial status, marital status, or disability.

DATE: _____

FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALTERNATE PHONE: _____

EMAIL ADDRESS: _____

The careful and thoughtful completion of this application is an important step in our consideration of individuals for employment. Please complete the entire application. Use an additional piece of paper if you need to clarify any responses. Your application will become inactive after one year unless you inform our Executive Director, in writing, and prior to the expiration of the one year period, that you want your application to remain active. Before you sign this application, please ask the Executive Director any questions that you may have. Thank you.

POSITION FOR WHICH YOU ARE APPLYING

Position (use specific title): _____

Do you have current and unrestricted authorization to work in the U.S.? YES NO

Are you able to perform all duties as described in the job description available at sbcsa.org?

YES NO, explain: _____

Date available: _____ Wage expected? \$_____ (per hour)

Please indicate all days/times that you would be **unavailable** to work from June 1-August 31:

Are you presently employed? YES NO

If yes, where? _____

Would you plan to continue with the position if employed by SBCSA? YES NO

How would the outside employment affect your time as an employee of SBCSA?

Are you subject to recall at another job? YES NO

If yes, explain: _____

Have you ever applied for a position at SBCSA before? YES NO

If yes, what position and when? _____

Are you related to or know anyone who currently works for the SBCSA? YES NO

If yes, please name the individual(s): _____

EDUCATION

	High School	College	Other
Names and location			
Course of study			
Graduate? Yes / No			
Diploma or degree			
GPA			

Other formal education relevant to the position for which you are applying: _____

Small boat sailing experience: _____

Do you have any of the following certifications or trainings? If yes, list date and location received.

___ US Sailing Small Boat Instructor Level 1; date/location: _____

___ Adult First Aid/CPR; date/location: _____

___ Michigan Boating Safety course; date/location: _____

PERSONAL REFERENCES

	Name	Email Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

EMPLOYMENT HISTORY

List below your past and present employment, starting with most recent. Include employment with U.S. military service. Do not skip any employers.

1. Name and address: _____
 Position: _____
 Starting salary: _____ Ending salary: _____
 Description of duties: _____

 Dates employed: from _____ to _____
 Supervisor name: _____ Phone: _____
 Reason(s) for leaving: _____
2. Name and address: _____
 Position: _____
 Starting salary: _____ Ending salary: _____
 Description of duties: _____

Dates employed: from _____ to _____
Supervisor name: _____ Phone: _____
Reason(s) for leaving: _____

3. Name and address: _____
Position: _____
Starting salary: _____ Ending salary: _____
Description of duties: _____

Dates employed: from _____ to _____
Supervisor name: _____ Phone: _____
Reason(s) for leaving: _____

APPLICANT STATEMENT

I affirm that the information provided on this application (and accompanying resumé, if any) is true and complete. I also understand that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize this organization to investigate all statements contained in this application, including disciplinary records of any former employers, police departments, and other references or sources concerning me. I authorize all such references and sources (and the organization) to release this information without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by state or federal law.

All offers of employment are conditional pending successful completion of a criminal background check. If I am accepted for employment by SBCSA, I will consent to a drug test during or before my employment when, in the organization's judgment, such testing is appropriate. I acknowledge that remaining free of illegal drugs and complying with the SBCSA's substance abuse policy is a condition of my employment.

I understand that all employees of SBCSA are employed on an "AT WILL" basis and are subject to termination at any time, with or without notice, discipline, or warning, for any or no reason. No person other than the Executive Director or President of SBCSA has authority to offer employment for any specified period or to make any contract contrary to the foregoing. Moreover, no such agreement by the Executive Director or President will be enforceable unless it is in writing, pertains specifically to me, and is signed by the Executive Director or President.

Date

Signature of Applicant

Please return completed application to: SBCSA
PO Box 2122
Bay City, MI 48707