

**Application for Employment**

**Sightsailing Inc.**

11 Everett Street, Newport, Rhode Island 02840

Phone: 401-849-3333 Fax: 401-849-7715

Email: [info@sightsailing.com](mailto:info@sightsailing.com)

<http://www.sightsailing.com>

An Equal Opportunity Employer

**Please read our Employment information and Job Description  
section before completing an application**

(Please print and fax or mail to Sightsailing Inc)

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

Current Address: \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Position Applied For: Reservations \_\_\_\_\_ Captain \_\_\_\_\_ Crew \_\_\_\_\_

Referral Source (how did you hear of us?) \_\_\_\_\_

Do you have a Driver's License? \_\_\_\_\_

What months are you available? \_\_\_\_\_

Do you have any vacation plans or times you know you won't be able to work?

\_\_\_\_\_

Are you willing to work any shift including night and weekends? \_\_\_\_\_

If we're interested, when would you be available for an interview? \_\_\_\_\_

How soon following notification can you report? \_\_\_\_\_

Have you ever previously been interviewed by the company? \_\_\_\_\_

If so, when? \_\_\_\_\_ For what position? \_\_\_\_\_

**Education**

High School \_\_\_\_\_ City/State \_\_\_\_\_ year completed \_\_\_\_\_

College \_\_\_\_\_ Graduation Date \_\_\_\_\_

Major \_\_\_\_\_ School Activities \_\_\_\_\_

Personal Interests and Activities \_\_\_\_\_

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**For Captain and Crew Applicants:**

**Sailing Experience**

How old were you when you learned to sail? \_\_\_\_\_

Where and what type of boats did you learn to sail on? \_\_\_\_\_

Do you have a USCG License? \_\_\_\_\_

If so, what is the tonnage and route? \_\_\_\_\_

How long have you had your USCG License? \_\_\_\_\_

What sort of boats have you sailed on and what was your position? Attach additional sheets if necessary. Commercial or professional charter experience can be listed under Employment History.

Vessel Type (i.e. Pearson 30)	Your Position	Dates	Skipper's name & phone
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How much experience do you have docking auxiliary sailboats in tight quarters?

**Skills:**

Please rate yourself on a scale of 1-10 (10 being the highest) in the following areas:

Reservations & Managerial:  math skills  record keeping  sales

computer skills  making employee schedules  handling finances

Captain & Crew:  varnishing/painting  engine troubleshooting/repair

electrical troubleshooting/repair  basic carpentry

**Employment Experience**

(Starting with your present or last employer please list all employment since you graduated from High School)

Full Name of Company \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Salary \_\_\_\_\_ Dates of Employment From/To \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

May we Contact Employer? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

List duties and responsibilities \_\_\_\_\_

Full Name of Company \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Salary \_\_\_\_\_ Dates of Employment From/To \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

May we Contact Employer? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

List duties and responsibilities \_\_\_\_\_

Have you ever been suspended, placed on probation, asked to resign, discharged or terminated? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**References:**

On a separate sheet of paper, please provide at least two work related references and two personal references and their phone numbers. You may refer to this application's Employment Experience.

BASED ON YOUR BACKGROUND AND EXPERIENCES, WHAT CONTRIBUTIONS WOULD YOU EXPECT TO MAKE TO SIGHTSAILING INC? WHAT APPEALS TO YOU MOST ABOUT THIS POSITION? (Attach additional pages if necessary).

## **Applicant's Certification and Agreement**

I hereby certify that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application or in dismissal if discovered subsequent to my employment.

I hereby affirm that by execution of this application, I acknowledge that the company has disclosed to me that an investigative consumer report, including information as to my character, general reputation, personal characteristics and mode of living may be made, and that I, upon written request to the company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I hereby authorize the company to request, and I also authorize and request each former employee, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with insurance company requirements or otherwise.

I hereby affirm that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the company and as often as directed during employment.

I hereby authorize the medical examiner to disclose to the company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I understand that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will at anytime for any reason by the company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the president of

the company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

Applicant's Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for completing this application. Your application will be reviewed and kept under consideration for six months. There is no need for you to reapply during this six month period. Your interest in Sightsailing Inc is appreciated.