

LCYC Junior Sailing 2020 Application for Employment

The Lake Champlain Yacht Club does not discriminate in its employment practices on the basis of age, race, color, religion, national origin, sex, place of birth, ancestry, sexual orientation, or any other legally protected status under state or federal law.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Please check the box below for the position that you are applying for.

Instructor in Training <input type="checkbox"/> Jr. Instructor (< 18 yrs) <input type="checkbox"/> Instructor <input type="checkbox"/> Head Instructor <input type="checkbox"/>	Name (Last, First, Middle Initial):	Email Address:	
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you be 18 years old by June 1, 2018?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Have you ever been employed by LCYC in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment	
Have you completed the US Sailing Small Boat Level 1 Instructor's training (not required for IIT)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, where did you take the course and when did you complete it?	
Have you completed the American Red Cross CPR certification? (not required for IIT)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, state the expiration date of your cert:	
Have you completed the American Red Cross First Aid Course? (not required for IIT)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, state the expiration date of your cert:	
Do you have a valid driver's license? (Instructor/head instructor only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
Have you completed the Vermont (or other state's) boater safety course?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list the date that the course was completed and which state issued the license/certificate.	
How did you learn about this employment opportunity at LCYC?			

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.
 Example (US Sailing Level 2, Coast Guard Certificates, First Aid/EMS, or teaching certificates)

SKILLS: Please list skills & experience relevant to this position. Include sailing experience (both your own and any previous sailing instruction or coaching) and general teaching, or counseling experience.

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."
PLEASE NOTE: LCYC reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete.

I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.

I authorize LCYC to investigate, without liability, all statements contained in this application and supporting materials.

I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background check and investigation, and/or screening for illegal substances upon a conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of LCYC serve at-will and the employment relationship may be terminated at any time by either party, for any reason or no reason, other than a reason prohibited by law.

I understand that LCYC requires all candidates who receive an offer of employment to submit to a drug screening prior to starting their employment. If employed, I will be required to furnish proof of eligibility to work in the United States.

Applicant Signature: _____ Date: _____