

Captain and Crew Application for Employment

Sightsailing Inc.

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<http://www.sightsailing.com>

An Equal Opportunity Employer

Please read our Employment Information and Job Description

Section on web site before completing an application

(This application may be mailed, emailed or faxed)

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

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

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

Telephone w/Area Code \_\_\_\_\_ Email \_\_\_\_\_

Permanent Address: \_\_\_\_\_

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

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

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

Our season runs from May-October. What months are you available?

\_\_\_\_\_

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

\_\_\_\_\_

Are you willing and available to sail any day including weekends & holidays? \_\_\_\_\_

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

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

Have you read the Job Description and Qualifications for this position in the Employment section of the web site?

Have you read and can you adhere to the Appearance/Dress Code Standards for this position?

How well do you know Newport?

How well do you know Newport Harbor and Narragansett Bay?

**Education**

High School \_\_\_\_\_ City/State \_\_\_\_\_ Graduation Date: \_\_\_\_\_

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

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

\_\_\_\_\_

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

**Sailing Experience**

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

Where and how did you learn to sail? \_\_\_\_\_

\_\_\_\_\_

What sort of boats have you sailed on and what was your position? Commercial or professional charter experience can be listed under employment experience.

Example: Pearson 30    Your Position    Dates    Skipper's name & phone

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

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

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

How did you get your license? \_\_\_\_\_

How much experience do you have docking auxiliary sailboats in tight quarters?

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**Skills:**

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

- |   |   |
|---|---|
| [    ] Overall sailing skills                   | [    ] Ability to take/follow direction |
| [    ] Ability & willingness to take initiative | [    ] Cleaning/Polishing               |
| [    ] Engine troubleshooting/repair            | [    ] Painting                         |
| [    ] Comfortable talking in front of groups   | [    ] Good storyteller & shipmate      |

**Employment Experience**

(Starting with your present or last employer)

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

Address \_\_\_\_\_

Wages \_\_\_\_\_ 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:

What about you, sets you apart and makes you a great candidate for this job?

**References:**

Please provide at least 2 work related references and 2 personal references with phone numbers.

**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 understand that a Pre-Employment drug test is necessary for employment and that I will be subject to random, USCG mandatory drug testing during the course of any 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. Only the president may give employee recommendations.

Name: (print) \_\_\_\_\_

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

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