

2019 Standard Employment Application

Date: _____

Applicant Information

Name: _____ DOB: _____
Last First M.I.

Address: _____
Mailing Address Apartment/Unit #

City State ZIP Code

Phone: () - _____ Social Security #: _____

Cell: () - _____ E-mail Address: _____

Position applying for: _____ Full Time or Part Time

APPLICANTS FOR GUIDE, DRIVER, CAPTAIN & MAINTENANCE POSITIONS MUST ALSO COMPLETE THE GGC SUPPLEMENTAL APPLICATION.

(Available on the Gastineau Guiding website employment page).

First Date Available: _____ Last Day Available: _____ Preferred Nickname: _____

Do you have any availability restrictions April – September 2019? YES NO If yes, list date(s): _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S? YES NO

Have you applied for a position before? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Education

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Awards/Comments: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Certificate/Degree: _____

Other: _____ City/State: _____

From: _____ To: _____ Certificate/ Degree/ Awards/ Comments: _____

Certifications and Licenses

Note: Guides, Drivers & Captains have specific certification & license requirements. See position description for details.

Are you currently certified in First Aid? *YES NO *Expires: _____

Are you currently certified in CPR? *YES NO *Expires: _____

Driver's License #, State & Expiration: _____ # of years held: _____

Any driving violations or accidents in the past 3 years or DUIs in the last 5 years?	*YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If *Yes: Please fill out the <u>Driving Accidents and Violations</u> section of the Supplemental Application</i>
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Previous Employment

As most positions at Gastineau Guiding are SAFETY SENSITIVE, applicants are required to provide information on ALL EMPLOYERS during the past 3 years.

If needed, additional space is available on the Supplemental Application

Note: In the event of hire, you will be required to complete a Release of Information Request Form for each safety sensitive position indicated.

Company: _____ Phone: () - _____
 Address: _____ Fax: () - _____
 City/State/Zip: _____ Supervisor: _____
 Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous employer for a reference? YES NO

Was your job designated as a safety-sensitive function subject to drug and/or alcohol testing? *YES NO
 *If Yes: What Administrative Authority were you subject to testing for? DOT USCG Non-DOT

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