## 2023 Standard Employment Application Date: \_\_\_\_\_\_\_\_\_\_\_

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| --- |
| 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 [ ]   | \*SSN required for all Guide/Driver/Captain applicants pursuant with FMSCA 391.21(b)(3) |
| **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 2021?  | 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[ ]  | NO[ ]  | *If \*Yes: Please fill out the Driving Accidents and Violations section of the SEPERATE Supplemental Application* |
| 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 ApplicationNote: In the event of hire, you will be required to complete a Release of Information Request Form for each safety sensitive position (AKA drug testing required) 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 [ ]  |
|  |
| 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 [ ]  |
|  |
| 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 [ ]  |
|  |
| 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 [ ]  |
|  |
| References |
| Please list three professional references. |
| Full Name: |       | Relationship: |       |
| Company: |       | City/State: |       | Phone: | (   )     -      |
|  |
| Full Name: |       | Relationship: |       |
| Company: |       | City/State: |       | Phone: | (   )     -      |
|  |
| Full Name: |       | Relationship: |       |
| Company: |       | City/State: |       | Phone: | (   )     -      |
| Additional Information  |
| Do you speak another language?  | YES[ ]  | NO[ ]  |  |
| If yes, what language(s) and are you comfortably fluent? |  |
| List any additional certifications or training relevant for the position you are interested in: |       |
|       |
|       |
| How did you hear about Gastineau Guiding? (If you were recruited by a GGC employee, please list their name.) |       |
| What is your shirt size (uniform)?  |       |
|  |
| Disclaimer and Signature |
| This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. |
| **Signature:** |       | **Date:** |       |
|  |
| Cover Letter |
| Tell us a bit about yourself and what you would like to get out of a summer with Gastineau Guiding. (Feel free attach cover letter separately) |

**PLEASE SEND COMPLETED APPLICATIONS EMAIL, MAIL OR FAX ATTACHMENT TO:**