## 2024 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 2024? | | | | | | | | | | | | | | | 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: | | | | | | | |  | | | | | | | | | | | | | | | |
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| 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 Application  Note: 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| 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)? | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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:**