

2024 Sta	ndard Employment Appl	icatio	n	Date: _				
	Αţ	plica	nt Information					
Name:					DOB:			
Address:	Last	First	N	1.I.				
Addi C33.	Mailing Address		A	partment/Uni	t #			
Phone:	City		ial Security #*	tate	ZIP Code			
Cell:	() -	E-II	ail Address:	*SSN requ	ired for all Guide/Driver/Captain			
Position ap	oplying for:	Full	Time □ or Part Time □		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 Ava	ilabie:	Preferre	d Nickname	2:			
,	ve any availability restrictions ptember 2024?	YES	\square If yes, list date(s)	:	VFQ NO			
Are you a	citizen of the United States?	YES	☐ If no, are you auth	orized to wo	rk in the U.S?			
Have you	applied for a position before?	YES	NO If yes, when?					
Have you	ever been convicted of a felony?	YES	□ If yes, explain:					
		E	ducation					
High Scho	ol:		City/State:					
From:	To: Did y	ou gra	yes NO Award duate? □ □ Comn	ds/ nents:				
College:			City/State:					
From:		ou gra	yES NO Certifi duate? □ □ Degre	-				
Other:			City/State:					
From:	Certificat To: Awards/	Comme	ents:					
	Certif	ficatio	ns and Licenses					
	Guides, Drivers & Captains have specific of *YE	S NO		See position d	escription for details.			
•	rently certified in First Aid?	s NO	*Expires:	=				
•	rently certified in CPR?		*Expires:	-				
Driver's Lice	ense #, State & Expiration:			_ # of year	s held:			
	violations or accidents in the s or DUIs in the last 5 years?		<u>Violations</u> section of		ving Accidents and RATE Supplemental			



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 <u>Release of Information Request Form</u> for each safety sensitive position (AKA drug testing required) indicated.

Company:			Phone: () -
Address:		<u> </u>	Fax: () -
City/State/Zip:			Supervisor:	
Job Title:		Charting Magain &	Ending Wage: \$	
Responsibilities:				
From:	To:	Reason for Leaving:		
May we contact yo	our previous empl	oyer for a reference? YES ☐ NO ☐		
Was your job desig	nated as a safety-s	ensitive function subject to drug and/or	alcohol testing?	*YES NO
*If Yes: What Adr	ninistrative Authoi	rity were you subject to testing for?	DOT ☐ USCG ☐	Non-DOT □
Company: _			Phone: () -
Address: _			Fax: <u>(</u>) -
City/State/Zip: _			Supervisor:	
Job Title:		Starting Wage: _\$	Ending Wage: <u>\$</u>	
Responsibilities:				
From:	To:	Reason for Leaving:		
May we contact yo	our previous empl	oyer for a reference? YES ☐ NO ☐		*VEC NO
Was your job desig	nated as a safety-s	ensitive function subject to drug and/or	alcohol testing?	*YES NO
*If Yes: What Adn	ministrative Author	rity were you subject to testing for?	DOT ☐ USCG ☐	Non-DOT □
		·, · · · , · · · · · · · · · · · · · ·	DI (
Company: _			Phone: (
Address: _		<u> </u>	Fax: <u>(</u>	
City/State/Zip: _			Supervisor:	
Job Title: _		Starting Wage: _\$	_ Ending Wage: <u>\$</u>	
Responsibilities:				
From:	To:			
May we contact yo	our previous empl	oyer for a reference? YES ☐ NO ☐		*YES NO
Was your job desig	nated as a safety-s	ensitive function subject to drug and/or	_	
*If Yes: What Adr	ministrative Author	rity were you subject to testing for?	DOT USCG	Non-DOT □
Company: _			Phone: () -
Address:			Fax: <u>(</u>) -
City/State/Zip: _			Supervisor:	
Job Title:		Starting Wage: _\$	Ending Wage: <u>\$</u>	
Responsibilities:				
From:	To:	Reason for Leaving:		
May we contact yo	our previous empl	oyer for a reference? YES NO NO		
Was vour iob desig	nated as a safety-s	ensitive function subject to drug and/or	alcohol testing?	*YES NO
	-	rity 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:						
Full Name:		Relationship:					
Company:	City/State:						
	Addition	al Information					
Do you speak another language?							
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: