

2025 Sta	ndard Employment App	licatio	on Date:		
	A	pplicar	nt Information		
Name:			DOB:		
	Last	First	M.I.		
Address:	Mailing Address	An automan a full la it. #			
	Mailing Address		Apartment/Unit #		
	City		State ZIP Code		
Phone: Cell:	<u>()</u> -		ial Security #*		
CCII.		L III	*SSN required for all Guide/Driver/Captain		
Position a	pplying for:	Full	applicants pursuant with FMSCA 391.21(b)(3)		
<b>APPL</b> First Date	<b>ALSO COMPLETE TH</b> (Available on the Ga	E GGC	<b>PTAIN &amp; MAINTENANCE POSITIONS MUST</b> <u>SUPPLEMENTAL APPLICATION.</u> Guiding website employment page).		
Available:		ailable:	ble: Preferred Nickname:		
,	ave any availability restrictions ptember 2025?	YES	$\square$ If yes, list date(s):		
•	citizen of the United States?	YES	NO If no, are you authorized to work in the U.S?		
Have you applied for a position before?			YES NO		
Have you	ever been convicted of a felony?	YES	□ If yes, explain:		
		E¢	lucation		
High Scho	ool:		City/State:		
From:	To: Did •	you grad	y <sub>ES NO</sub> Awards/ duate?  Comments:		
College:					
From:	To: Did •	you grad	y <sub>ES NO</sub> Certificate/ duate? □ □ Degree:		
Other:			City/State:		
From:	Certifica To: Awards/				
			ns and Licenses		
Note: G			on & license requirements. See position description for details.		
Are you cur	rently certified in First Aid?	ES NO	*Expires:		
•	rently certified in CPR?		*Expires:		
Driver's Lice	ense #, State & Expiration:		# of years held:		
	violations or accidents in the so or DUIs in the last 5 years?	res no	<i>If *Yes: Please fill out the <u>Driving Accidents and</u> <u>Violations</u> section of the SEPERATE Supplemental Application</i>		



## **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:			Fax: (	) -
City/State/Zip:			Supervisor:	
Job Title:		Starting Wage: \$	Ending Wage: \$	
Responsibilities:				
From:	To:	Reason for Leaving:		
May we contact y	our previous emp	ployer for a reference? YES 🗌 NO 🗌		
Was your job desig	gnated as a safety	-sensitive function subject to drug and/or	alcohol testing?	*YES NO
*If Yes: What Ad	ministrative Auth	ority 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:	То:	Reason for Leaving:		
May we contact y	our previous emp	ployer for a reference? YES 🗌 NO 🗌		
Was your job desig	gnated as a safety	-sensitive function subject to drug and/or	alcohol testing?	*YES NO
*If Yes: What Ad	ministrative Auth	ority were you subject to testing for?	DOT 🗌 USCG 🗌	Non-DOT 🗌
Company:			Phone: (	<b>`</b>
Address:			Fax: (	
City/State/Zip:			Supervisor:	
Job Title:		Starting Wage: \$	Ending Wage: \$	
Responsibilities:			_ Linuling Wage. <u> </u>	
From:	То:	Reason for Leaving:		
		ployer for a reference? Yes 🗌 NO 🗌		
Was your job desid	gnated as a safety	-sensitive function subject to drug and/or	alcohol testing?	*YES NO
	-	ority were you subject to testing for?		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 y	our previous emp	ployer for a reference? YES 🗌 NO 🗌		
Was your job desig	gnated as a safety	-sensitive function subject to drug and/or	alcohol testing?	*YES NO
*If Yes: What Ad	ministrative Auth	ority were you subject to testing for?		Non-DOT 🗌



## References

Please list three professional references.								
Full Name:		Relationship:						
Company:	City/State:		Phone: ( ) -					
Full Name:		Relationship:						
	City/State:	Keldtionsnip.						
Full Name:								
Company:	City/State:		Phone: ( ) -					
Additional Information								
Do you speak anothe								
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: