Gastineau Guiding
StepIntoAlaska.com

2026 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: _____

*SSN required for all Guide/Driver/Captain applicants pursuant with FMSCA 391.21(b)(3)

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 2026? 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***

1330 Eastaugh Way, Suite 2, Juneau, AK 99801
Office (907)586-2666 Fax (907)586-3990
e-mail: summerjobs@gguiding.com

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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 (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 ☐

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Company: ____________________ Phone: ( ) -
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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 ☐

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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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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:

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e-mail: summerjobs@gguiding.com