



# Duluth-Superior Sailing Association

## APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Have you worked (paid or volunteer) for the DSSA before? \_\_\_\_\_

Doing what? \_\_\_\_\_

Are you legally able to be employed in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

For which position are you applying? \_\_\_\_\_

Hours desired: Full time \_\_\_\_\_ Part time \_\_\_\_\_

Hourly wage expected \_\_\_\_\_

Are you over 16 years of age? \_\_\_\_\_

If hired, on what date could you start? \_\_\_\_\_

If a full-time student, how late in the season could you remain? \_\_\_\_\_

What days/hours are you available? (circle)

Mon Tue Wed Thurs Fri Sat Sun / Morning Afternoon Evening

How did you hear of the job? \_\_\_\_\_

**EMPLOYMENT HISTORY:** List your last three (3) employers starting with the most recent. If this would be your first paid job, you may include volunteer activities.

1. Employer \_\_\_\_\_ Location \_\_\_\_\_ Phone \_\_\_\_\_ Salary \_\_\_\_\_

Job \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates \_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Location \_\_\_\_\_ Phone \_\_\_\_\_ Salary \_\_\_\_\_

Job \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates \_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Location \_\_\_\_\_ Phone \_\_\_\_\_ Salary \_\_\_\_\_

Job \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**EDUCATION**

High school: \_\_\_\_\_ Location: \_\_\_\_\_ Grad. Year: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_ Grad. Year: \_\_\_\_\_

Other: \_\_\_\_\_ Course(s): \_\_\_\_\_ Date(s): \_\_\_\_\_

**CERTIFICATIONS** (Please specify level, dates earned, and expiration as applicable.)

US Sailing Instructor \_\_\_\_\_

First Aid \_\_\_\_\_

CPR \_\_\_\_\_

Other \_\_\_\_\_

List and describe in detail (on a separate sheet if necessary) what specific background, experience, skills, or other qualifications that you feel would qualify you to work for the DSSA. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe all other experiences and background that you have in sailing, boating, or water recreation in general. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relate briefly any and all background that you have in formal and informal teaching. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other opportunities have you had in dealing and relating with people (i.e. group leader, salesperson, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you feel particularly qualified for this position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES (Other than Family)**

Name/Address \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name/Address \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name/Address \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

**PLEASE READ CAREFULLY**

DSSA, Inc. is an affirmative action / equal opportunity employer. The Civil Rights Act of 1964 and state and federal laws prohibit discrimination on the basis of race, color, religion, sex, or national origin. In addition, state and federal laws prohibit discrimination on the basis of race, color, national origin, gender, veteran’s status, age, physical or mental disability, religious affiliation, or other protected status. It is our policy to comply fully with these laws and information requested on this application will not be used for any purpose prohibited by law.

- I understand that any offer of employment is contingent upon my passing any required physical exam or drug test.
- I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal in accordance with DSSA policy, at this time or at anytime in the future.
- I understand that acceptance of an offer of employment does not create a contractual obligation upon the DSSA to continue to employ me in the future, and that if hired, I am an at-will employee.
- I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return completed applications to:

Duluth-Superior Sailing Association  
 PO Box 3590  
 Duluth, MN 55803  
 (218) 391-5521  
 sailingforall@gmail.com

YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR THE 2010 SEASON