



Northport Youth Sailing School
EMPLOYMENT APPLICATION
PLEASE PRINT

PERSONAL INFORMATION

Name (First & Last): _____ Date of birth: _____

Address: _____
Street City State Zip

Contact Information: (____) _____ (____) _____ _____
Home Telephone Mobile Email

POSITION/AVAILABILITY (include resume if applying as instructor)

Position you are applying for: Instructor Counselor Jr. Counselor

Check the weeks you are available. (Instructors MUST be available for all 5 weeks. Counselors and Jr. Counselors must be available for 2 weeks minimum; 3 weeks required to be eligible for a scholarship.)

Week of July 2-6, 2018 AM PM Week of July 9-13 2018 AM PM

Week of July 16-20, 2018 AM PM Week of July 23-27, 2018 AM PM

Week of July 30-August 3, 2018 AM PM

of years sailed _____ Last level of sailing completed _____

Are you planning to enroll in any classes during the summer? Y / N (NYSS encourages employees to participate in classes when possible.)

SKILLS AND QUALIFICATIONS

Check all of these that apply. Include date of certification & certification number, if applicable, & date of expiration.

US Sailing Level 1 Certification _____

Certified Life Guard _____

First Aid / CPR certified _____

State Safe Boating Certificate _____

US Sailing Counselor Certification _____

LEGAL HISTORY: Have you ever been convicted of a crime? Y / N (If yes, please include details on separate sheet)

EMERGENCY CONTACT INFO: Name _____

Phone: _____

MEDICAL HISTORY: Do you have any medical conditions which would affect your ability to perform your duties? Y / N (If yes, please include details on a separate sheet.) All employees will be required to submit a doctor approved health form within 90 days prior to employment. (April 5-July 1)

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Applicant's Signature: _____ Date: _____

Parent's Signature (if applicant is under 18) _____

**Mail applications to:
NYSS
477 South Shore
Northport, Michigan 49670**