

# RPCS Application for Seasonal Employment

Regatta Point Community Sailing (RPCS) is a Non-Profit, Equal Opportunity Employer. Programs run on a Seasonal Basis from April through October and employment would be on a Seasonal Renewal at RPCS discretion, unless otherwise documented.

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ At least 16 Years Old? \_\_\_\_\_ Y / N

E-Mail \_\_\_\_\_ Social Security # \_\_\_\_\_

**Desired Position:** (check as appropriate)

Adult Instruction	Office
Junior Program	Asst. Manager
Learn-to-Sail	Maintenance

**Availability:** (check as appropriate)

	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Hours: (from-to)							

Available Start Date: \_\_\_\_\_ Last Date Available: \_\_\_\_\_

**Certifications:**

US Sail \_\_\_\_\_ Level \_\_\_\_\_

Red Cross Life Guard	Expires: _____
Red Cross CPR	Expires: _____
Red Cross First Aid	Expires: _____

Other (list): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Previous Experience and RPCS Involvement:** (Please include discussion of Sailing ability.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Former Employers:** (List below starting with most recent)

Date	Name & Address of Employer	Position	Reason for Leaving
from			
to			
from			
to			
from			
to			

**References:** (Give the names of three people not related to you that we could contact)

Name	Phone	Business/Relation

**Authorization:**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above give you any and all information concerning my previous employment and any other pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevance federal and state laws."

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**RPCS Use Only:**

Interviewed By: \_\_\_\_\_

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Hired:  Y /  N      Position: \_\_\_\_\_      Start: \_\_\_\_\_      Finish: \_\_\_\_\_  
 Wage: \$ \_\_\_\_\_      Reports to: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_