



HAMPTON YACHT CLUB JUNIOR PROGRAM

Instructor Application



Applicants should include a sailing resume with their completed application

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for <input type="checkbox"/> Head Instructor <input type="checkbox"/> Instructor <input type="checkbox"/> Junior Instructor <input type="checkbox"/> Intern					
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?					
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain					

EDUCATION

Grammar School					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Subjects
High School					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Subjects
College					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Subjects

LIST THREE PROFESSIONAL REFERENCES.

Full Name		Relationship
Address		Phone ()
Full Name		Relationship
Address		Phone ()
Full Name		Relationship
Company		Phone ()

ATTACH A SEPARATE SHEET OF PAPER IF MORE SPACE IS REQUIRED TO ANSWER THE FOLLOW QUESTIONS

1. WHY ARE YOU APPLING FORAN INSTRUCTOR POSITION AT HYC?

2. WHAT SPECIAL SKILLS AND ATTRIBUTES WILL YOU CONTRIBUTE TO THE HYC JUNIOR PROGRAM?

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
From	To	Reason for Leaving	

PHYSICAL RECORD

Do you have any physical defects that may preclude you from performing any work for which you are being considered?						YES NO
Have you any defects:	In Hearing	YES <input type="checkbox"/> NO <input type="checkbox"/>	In Vision	YES <input type="checkbox"/> NO <input type="checkbox"/>	In Speech	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, briefly explain:						

DISCLAIMER AND SIGNATURE

The above information is correct and true to the best of my knowledge. I understand that employment is at-will and I am subject to dismissal or discipline without notice or cause at the discretion of the employer, or Chairman of the Jr. Advisory Committee; that the employer reserves the right to unilaterally abolish or modify any personnel policy without prior notice; that this application grants authorization for the employer to make inquiries or obtain information from the applicant's previous employers, schools, and credit sources; that I am subject to a drug testing policy including random, reasonable suspicion (for cause) and post-accident testing; and that falsification of any application information is grounds for immediate dismissal.

Signature	Date
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