



APPLICATION FOR SEASONAL EMPLOYMENT

ANSWER ALL QUESTIONS FULLY AND CAREFULLY: Print in ink or use computer. Attach additional sheets if necessary to give complete and detailed information. All statements are subject to verification.

Title of Position you are applying for: _____ Available from: ___/___/___ to ___/___/___

1. **NAME:** _____ **2. SS#:** _____
Last First Middle

3. Permanent Address: _____
No Street Apt City State Zip

Local Address: (if diff from above): _____
No Street Apt City State Zip

Telephone: Home: (____)_____ Cell: (____)_____ Email: _____

4. Are you 18 yrs or older? ___Yes ___ No If not, what age? _____ Please enter date of birth: ___/___/___

5. Check the appropriate answer for each question:

- A. Where you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes No
- B. Did you ever resign from any employment rather than face dismissal? Yes No
- C. Have you ever been convicted of any crime (felony or misdemeanor)? Yes No
- D. Are you now under charges for any criminal offense? Yes No

If you answered "YES" to any of the questions above, give specifics under **REMARKS** on **page 3** of this application.

6. (a) Are you a US Citizen? Yes No (b) If not, do you have the legal right to accept employment in the US?
 Yes No (Please attach supporting documents)

7. EDUCATION:

	Name & Location	Course/Major	Type of Deg or Diploma	Dates Attended From/To	Date degree rec or expected
High School					
College or Post High School					
Graduate School					

Additional: Certificates or Special Training: _____ (Please attach copies)



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If the position you are applying for requires a Drivers/Captains License, complete **Question 8**

8. Do you have a valid N.Y.S Motor Vehicle Operators License? Yes No If other State, which? _____

If yes, Class(es): _____ Exp Date: ___/___/___ Number: _____

Do you have a valid USCG Captains License? Type: _____ Exp Date: ___/___/___ Number: _____

9. Water Sports Certifications: Lifesaving, First Aid, CPR etc... **Check below:** (Indicate certification and Issue/Exp Dates)

ARC – First Aid: Responding to Emergencies () Issue: ___/___/___ Exp: ___/___/___	ARC – CPR: For the Professional Rescuer () Issue: ___/___/___ Exp: ___/___/___	AHA – Healthcare Provider (BLS) CPR – AED () Issue: ___/___/___ Exp: ___/___/___	ARC – Lifeguard: Level 1 Ocean/Surf () Issue: ___/___/___ Exp: ___/___/___	ARC – Certifications PSI () WSI () Issue: ___/___/___ Exp: ___/___/___
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Other Certifications (relevant to Water Sports): _____

10. EMPLOYMENT HISTORY (Up to last 5 years)

Name & Address of Employer	From: Month/Year	To: Month/Year	Position	Wage or Salary	Reason for Leaving

Note: Please attach sheets if you have additional work experience

11. References: (Please list 2 references we may contact)

1. Name: _____ Relationship: _____ Ph: _____

Email: _____ Address: _____

2. Name: _____ Relationship: _____ Ph: _____

Email: _____ Address: _____



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REMARKS: Use this space to provide any additional information, as necessary)
If more space is required, attach extra 8 ½ x 11 sheet to the application form.

BACKGROUND INVESTIGATION: Applicants may be required to undergo a State and National Criminal History Background investigation which will include a fingerprint check to determine suitability for appointment. Failure to meet the standards for the background check investigation may result in disqualification.

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, sexual orientation, disability, religion, marital status or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sex, sexual orientation, disability, religion, marital status, criminal record or affectional preference in connection with employment with Global Boarding LLC.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND CRIMINAL RECORDS CHECK

THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification.) This application may be used for review by the prospective appointing authority as part of the background investigation.

PURSUANT TO 210.45 OF THE NEW YORK STATE PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

DATE: _____ **SIGNATURE OF APPLICANT:** _____

IF UNDER THE AGE OF 18YRS, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED

"I have read my child's/ward's completed application form and hereby give my permission for him/her to be hired by Global Boarding LLC for the purpose of Seasonal Employment. I further give my permission for him/her to receive emergency medical treatment if necessary. If at any time I revoke this permission, I will do so in writing to Global Boarding LLC, Dept of Human Resources and upon receipt by the Dept of Human Resources of said revocation my child's/ward's employment shall be terminated".

DATE: _____ **SIGNATURE OF PARENT OR GUARDIAN:** _____

GLOBAL BOARDING LLC, is an Equal Opportunity Employer