**Community Boating Center, Inc.**

For Office Use Only

Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interview Date \_\_\_\_\_\_\_\_\_\_\_\_

Decision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1641 Padanaram Avenue

New Bedford, MA 02740

PH: (508) 992-6219

Fax: (508) 999-3320

Email:Programs@communityboating.org

**Instructor Application and Questionnaire**

***Please take your time to complete this application to the best of your ability. After your interview but before your hire a CORI and SORI check will be performed on all candidates for employment. CBC may conduct or hire an independent firm to conduct a background check on all candidates as well.***

**PERSONAL INFORMATION**

Name: Click here to enter text. email: Click here to enter text.

Current/School Address: Click here to enter text.

Permanent Address: Click here to enter text.

Phone: (home) Click here to enter text. (cell) Click here to enter text. (school) Click here to enter text.

Birth date (MM/DD/YY) Click here to enter text.

**POSITION DESIRED**

Instructor [ ]  Head Instructor [ ]  Adult Instructor[ ]  Desired salary/rate Click here to enter text.

Date you can start: Click here to enter text. Last day you are available: Click here to enter text.

Are you available to work: Full Time[ ]  Part Time [ ]  Temporary [ ]

Are you currently employed? Choose an item.

If “Yes” may we contact your present employer? Yes[ ]  No [ ]

Ever applied to Community Boating Center before? Yes [ ]  No [ ]  If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (my child in case applicant is a minor) will be able to work any and all days between June 22, 2016-August 24, 2016 with the exception of the dates listed here : Click here to enter text.

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | School Name | Years Attended | Did you Graduate? | Major |
| High School | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| College | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**INSTRUCTION EXPERIENCE AND HISTORY**

US Sailing Membership #:Click here to enter text. Membership Expiration Date: Click here to enter text.

Training: US SAILING Level 1[ ]  Yr Cert.Click here to enter text. Level 2 [ ]  Yr Cert.Click here to enter text. Other Click here to enter text.

Years of sailing instruction experience as: Head Instructor / Coach Click here to enter text.

Instructor / Coach Click here to enter text.

ARC First Aid[ ]  Mo/Yr Click here to enter text.

ARC or Amer. Heart Assoc. CPR [ ]  Mo/Yr Click here to enter text.

**SPECIAL SKILLS AND TRAINING**

Please list any other special skills and/or training that you have and feel would be applicable: Click here to enter text.

**SAILING AND POWERBOATING HISTORY**

Please list the types of sailboats and powerboats with which you have experience:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Boat Type  | Sailing/Racing  | Skipper/Crew  | Teaching  | Years Experience  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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**FORMER EMPLOYERS**

List below your last three employers, starting with your most recent one first:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date (from/to) | Business/Supervisor | Salary | Position | Reason for Leaving |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**REFERENCES WHOM WE MAY CONTACT; at least one personal reference (a friend, teacher or coach) and one professional reference preferred.**

Name: Click here to enter text. Ph: Click here to enter text. Relation: Click here to enter text.

Name:Click here to enter text. Ph: Click here to enter text. Relation: Click here to enter text.

Name: Click here to enter text. Ph: Click here to enter text. Relation: Click here to enter text.

**Questionnaire**

**Why do you want to be a Community Boating Center Sailing Instructor and what do you feel you could bring to the** **program?**Click here to enter text.

**What are your strengths?** Click here to enter text.

**What are your weaknesses?** Click here to enter text.

**What kind of program and teaching experience are you looking for, and what do you hope to gain from this experience?** Click here to enter text.

Please feel free to use the back of this application, or to add any additional information you want to provide. Click here to enter text.

I certify that the facts contained in his 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.

Signature: Click here to enter text. Date: Click here to enter text.

If you are under the age of 18 at the time of filling out this application please have your parent/guardian sign as well.

Parent/Guardian Signature: Click here to enter text. Date: Click here to enter text.