

DOWNWIND SAILS WATERSPORTS EMPLOYMENT APPLICATION

It is the policy of Downwind Sails Inc to provide equal employment and advancement opportunities on the basis of merit within the context of its unique business environment, and without regard to race, color, creed, religion, national origin, sex, sexual orientation, marital status, veteran status, status with regard to public assistance, membership or activity in a local commission, genetic information, disability or age to all qualified applicants and employees in all aspects of the employment relationship, including but not limited to recruitment, hiring, employment, job assignment, training, promotion, termination, compensation and benefits.

Downwind Sails Inc retains the right to terminate its employees at any time for any reason not prohibited by law. Employees have the right to resign employment at any time for any reason (subject to the employer's notice request or requirement, if any). These mutual rights constitute Downwind Sails' at-will employment policy.

_Last Name	
Email:	
Parasail First Mate	
Banana Boat / Shuttle Captain	
Parasail Operator / Captain	
_ (Captain's License Minimum Requirement: 6-Pack)	
week?	
uring the summer months? Yes No	
begin as early as 7:00am and end as late as 6:00pm):	
Thursday Friday Saturday Sunday	
	Email: Parasail First Mate Parasail First Mate Banana Boat / Shuttle Captain Parasail Operator / Captain (Captain's License Minimum Requirement: 6-Pack) veek? ring the summer months? Yes No pegin as early as 7:00am and end as late as 6:00pm):

If applicable for the position, do you have a valid driver's license?	Yes <u>No</u>
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Are you eligible to work in the United States?

Yes	No

EDUCATION:

School	Location (City, State)	Years Completed?	Graduated?
High School or GED			Yes No
College, Vocational			Yes No
(or other Training Certif	icate)		

SKILLS, QUALIFICATIONS, TRAINING, AWARDS, CERTIFICATES (IE CAPTAINSLICENSE, OTHER) ETC:

EMPLOYMENT HISTORY:

PRESENT OR LAST POSITION:

Employer:			
Address:			
Supervisor:			
Phone:	Email:		
Position Title:	From:	То:	
Responsibilities:			
Reason for Leaving:		May we contact this employer?	Yes No

PREVIOUS POSITION:

Employer:			
Address:			
Supervisor:			
Phone:	_Email:		
Position Title:	_From:	To:	
Responsibilities:			
Reason for Leaving:			Yes No
REFERENCES (Please list 3 refernces):			
Name: Phone:		Relationship: Email:	
Name: Phone:		Relationship: Email:	
Name:Phone:		Relationship: Email:	
HOW DID YOU HEAR ABOUT US? Cho	eck the box	x that applies.	
 Recommended by a friend or family memional free sectors in the sector family memion of the sector for the sector for			

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.

Date_____