Lake Minnetonka Sailing School

Job Application Form

Please complete the following form along with a resume and return no later than **January 1, 2014** to the following email address – director.lmss@gmail.com

PERSONAL INFORMATION:		
Name (First and Last):		
Date of Birth:	Phone Number: ()	
Street Address, City, State, Zip:		
POSITION/AVAILABILITY – Please review the LMSS Emplo	oyee Eligibility from available on the LMSS Website	
The following positions are available for the 2014 Season:		
420 Int/Advanced Racing – Assistant Coach	Maintenance/Shuttles – Full Time	
420 Learn to Race – <i>Assistant Coach</i>	420 Summer Camp – Assistant Coach	
Opti Learn to Race - Assistant Coach	Pram Summer Camp – Assistant Coach	
Opti Int/Advanced Race Team – Head Coach, Travel	Adult Sailing – <i>Assistant Coach</i>	
Are you planning on enrolling in any classes during the sur participate in classes when possible)	mmer? Y/N (LMSS encourages employees to	
If so, which one(s)		
Are you planning on sailing in any regattas that might requany summer commitments that may interfere with a coacl		

What date are you available to start work? What date (approximately)?	date do you need to be finished for the season
Start: Finish:	:
EDUCATION: High School	
School Name:	
Address:	
Degree/Diploma: Yes / No Graduation Date:	
College, Technical School, Post Graduate, Masters	s or PhD.
School Name(s):	
Address:	
Degree/Diploma: Yes / No Graduation Date(s): _	
SKILLS AND QUALIFICATIONS: Licenses, Certifications, Training, etc. Please provide	de further explanation where necessary.
Certifications	Skills
Captain's license	Ability to operate small motorboats
Level 1 US Sailing Certification	Ability to troubleshoot outboard motors
Level 2 US Sailing Certification	Rigging knowledge
CPR/First Aid (must be current)	Fiberglass repair
Valid Driver's License	Previous experience working with children
State of Minnesota Boater's License	Computer/technical knowledge
Other:	

EMPLOYMENT HISTORY:	
Present Or Last Position:	
Employer:	
Address:	
Phone: ()	Email:
Your Position/Title:	From: To:
Responsibilities:	
Pay (Salary or Hourly):	
Reason for Leaving:	
References: please include 2 (cannot be family member)	
1. Name:	
Relationship:	Phone: ()
Address:	
2. Name:	
Relationship:	Phone: ()
Address:	
Legal History: Have you ever been convicted of a crime?	Y/N (If yes, please include details on separate sheet)
I certify that information contained in this application is tr	rue and complete. I understand that false
information may be grounds for not hiring me or for imme	ediate termination of employment at any point in the
future if I am hired. I authorize the verification of any or a	Il information listed above.
Signature:	Date: