

Name of Applicant _____

Sailing Experience

Do you have a:

USCG license? _____. Tonnage _____. Sailing or other addendums _____.

If you were born after July 1, 1972, do you have a Safe Boaters Certificate? _____. What state? _____.

Please list sailing courses (USCG Auxiliary, Power Squadron, etc.):

Please list your boating experience: Please include information such as delivery, charter or race experience. Commercial or professional charter can be listed under "Employment history". Continue this list on a separate sheet of paper if necessary.

Vessel Name	Your position	Type (i.e. Hunter 25)	Dates	Skippers name and phone
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Education

High school	city/state	degree/diploma	year completed
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Higher education and/or tech school	no. of years attended	degree/diploma	year completed
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Higher education and/or tech school	no. of years attended	degree/diploma	year completed
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List any scholarships, academic honors, awards or special achievements:

Employment History

Important! Starting with your present or most recent employer, list in consecutive order all employment and periods of unemployment since you graduated from or last attended high school. Additional employment may be listed on a separate page(s) if necessary.

Check this box if you do ***not*** want us to contact your employer.

Full name of company	telephone	salary - dates of employment -from - to
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Street address	city	state	zip code
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Name & title of supervisor	reason for leaving
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Title and duties of your position

Name of Applicant _____

Skills

Please rate yourself on a scale of 1 – 10 (10 highest) in maintenance: [] varnishing/painting, [] electrical, [] engine, [] plumbing

boating: [] sailing, [] power, [] ropes

clerical: [] word processing, [] basic computer skills, [] calculator, [] bookkeeping

List any other skills you think may be of value to the company, such as marketing, carpentry, maintenance, etc.

1. _____
2. _____
3. _____
4. _____

References

On a separate sheet of paper, please include at least 3 work related references and 2 personal references and their phone numbers. You may refer to this application's "Employment History".

Military service and status

Branch of service (if none, state none): _____ Military occupation: _____
 Length of active duty (month/year) _____
 date of entry: _____/_____/_____ Rank at the time of separation: _____
 date of separation: _____/_____/_____

Please note: final processing prior to employment will require a review of the original or a copy of your military discharge and/or a review of your dd form 214.

Applicant's Certification And Agreement

I hereby certify that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information, which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I hereby affirm that by execution of the application, I acknowledge that the company has disclosed to me that an investigative consumer report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I hereby authorize the company to request, and I also authorize and request each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I hereby affirm that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the company and as often as directed during employment.

I hereby authorize the medical examiner to disclose to the company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I understand that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the president of the company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I understand that if I am employed, the terms and conditions of my employment will be governed by this application and the company's terms of employment and policy and procedures, as amended from time to time by the company.

the company operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

all applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

I wish to volunteer the following information (check one) _____ I do not qualify
 I do qualify under the following: _____ Handicapped
 _____ Vietnam era veteran
 _____ Disabled veteran

Applicant's name _____ (print)

Signature _____ Date _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six-month period. Your interest in Running Free, Inc. is appreciated.