



Employment Application

RETURN THIS FORM TO:

7340 Greenbank Road
 Baltimore, Maryland 21220
 Phone #: 410-335-5352

Email: hal@ultimatewatersports.com
 Website: www.ultimatewatersports.com

Application for Seasonal Employment

Ultimate Watersports is an equal opportunity employer. It is the policy of Ultimate Watersports to afford equal opportunity to all qualified applicants for employment, and employees, regardless of race, age, national origin, disability, color, religion, sex or other artificial barrier. Applicants for employment, and employees, will be accorded equal treatment with respect to all terms, conditions and privileges of employment including recruitment, selection, placement and opportunities for advancement.

****Please fill in all information requested legibly and completely.**

Position Applying For:	Full Time _____ Part Time _____	Date Available to Begin Employment:
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Name:	Date:
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Permanent Street Address:

City:	State:	Zip Code:
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Phone:	E-mail:	Social Security Number:
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ADDITIONAL INFORMATION

Birth Date _____ Are you under 18 years of age? Yes ____ No ____ If YES, you will need to furnish a work permit.
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Are you a U.S. citizen? Yes ____ No ____ If NO, you must provide documentation showing that you are permitted to work in the U.S.

How were you referred to Ultimate Watersports? _____
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Have you been convicted of a misdemeanor or felony at any time? Yes ____ No ____ If YES, please explain:
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EDUCATION

Type Of School	Name of School	Major Field of Study	Number of Years Completed	Type of Degree Granted or Expected
High School				
College or University				
Graduate or Other Formal Education				

WORK / VOLUNTEER HISTORY

(Begin with present position or last job held and work back. Use additional sheet if necessary.)

Position Held:	Salary:
Employer:	Phone:
Employer's Address:	
Supervisor:	Supervisor's Title:
Employed from _____ to _____ May we contact this supervisor? Yes ____ No ____	
Summary of Job Responsibilities:	
Reason for leaving:	

Position Held:	Salary:
Employer:	Phone:
Employer's Address:	
Supervisor:	Supervisor's Title:
Employed from _____ to _____ May we contact this supervisor? Yes ____ No ____	
Summary of Job Responsibilities:	
Reason for Leaving:	

Position Held:	Salary:
Employer:	Phone:
Employer's Address:	
Supervisor:	Supervisor's Title:
Employed from _____ to _____ May we contact this supervisor? Yes ____ No ____	
Summary of Job Responsibilities:	
Reason for Leaving:	

REFERENCES

Please list three references. Two may be of a professional or educational nature. One may be personal (no relatives please).

Name:	Phone:	
Street Address:		
City:	State:	Zip Code:

Name:	Phone:	
Street Address:		
City:	State:	Zip Code:

Name:	Phone:	
Street Address:		
City:	State:	Zip Code:

SKILLS

Please check all that apply.					
Activity	I Participate in the Activity	I Coach or Teach the Activity	Activity	I Participate in the Activity	I Coach or Teach the Activity
WATER SPORTS			OUTDOOR ADVENTURE EDUCATION		
Recreational Kayaking			Teambuilding Facilitator		
Sea Kayaking			Nature Interpretation/Naturalist		
White Water Kayaking			Fishing		
Canoeing			Climbing		
Windsurfing			Hiking		
Sailing			Mountain Biking		
Power Boating					
Swimming			Skiing		
Wake Boarding			Snowboarding		
Water Skiing					
Rowing					

SPORTS & GAMES					
Soccer					
Lacrosse					
Frisbee					
Volleyball					

Please verify your **SWIMMING SKILLS** and describe any other pertinent skills/abilities you have which are not listed above:

CERTIFICATIONS / LICENSES

Certification/License	Certifying/Licensing Organization	Date Received	Date of Expiration
First Aid / AED			
CPR (circle all that apply) Infant child adult			
First Responder (WFR, EMT, etc.)			
Advanced Lifesaving or WSI			
Kayak Instructor Certification			
Sailing Instructor Certification			
Windsurfing Instructor Certification			
Maryland Boaters Certificate / License			

Please take a moment to briefly explain your reason or reasons for wanting to work with Ultimate Watersports

Ultimate Watersports staff members are frequently required to lift and move objects weighing in excess of 50 pounds. Are you able to perform this task throughout the day, each day you work? YES _____ NO _____

I hereby authorize UWS to contact, obtain, and verify the accuracy of the information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability UWS and its representatives for seeking, gathering, and using such information to make employment decisions an all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it is discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or UWS can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of UWS not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time, shall result in immediate termination of employment.

All information on my application is true and complete. Any false statements or deliberate omissions shall be considered sufficient cause for dismissal.

With my signature, I authorize Ultimate Watersports to obtain criminal background check(s) as required of my potential position, and understand that employment is contingent upon satisfactory results from any and all background checks required.

Signature of Applicant:	Date:
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OFFICE USE ONLY	Interview Date: _____