

EMPLOYMENT APPLICATION

BLUENOSE II

Schooner BLUENOSE II
P O Box 1299, 121 Bluenose Drive
Lunenburg, Nova Scotia, Canada B0J2C0

Email: director@bluenose2.ca
Fax: (902)634.8052

NOTE: BLUENOSE II Operating Season is April 01 to October 15th.

Would you be able to work the complete Season? YES ___ or NO ___

If you would not be able to complete the Season, when would you be available to start and end?

Start (D/M/Y) _____ End (D/M/Y) _____

PERSONAL INFORMATION

Last Name	First Name	Middle Name(s)

Current Address _____ City/Town _____

Province _____ Postal Code _____

Home Address _____ City/Town _____

Province _____ Postal Code _____

Current Email Address _____ Cell Phone _____

Home Phone _____ Day Phone _____

EMPLOYMENT INFORMATION

Are you a Canadian Citizen?
Yes ___ No ___

Do you possess a valid Canadian Passport?
Yes ___ No ___ Expiry Date: _____

Do you possess a current Marine Emergencies Duties A2? Yes ___ No ___

A current Marine Emergency DVS Certificate? Yes ___ No ___

A current STCW Basic Safety? Yes ___ No ___

Do you possess a current Marine First Aid Certificate? Yes ___ No ___

Do you possess a valid Transport Canada Seafarers Medical? Yes ___ No ___

You must be a least 19 Years of age in current year to apply.

Are you eligible to apply? Yes ___ No ___

List the Sailing vessels you have worked on, listing your duties and rank(s).

List additional specialized Training, Awards, Designations, Certificates etc.

Languages spoken fluently. _____

Would you be willing to obtain a Criminal Records Check and Vulnerable Records Check prior to employment?

Yes ___ No _

WORK HISTORY

Last three (3) employers. List in order beginning with your most recent job (or present job if currently employed).

Present or Last Employer: _____

Address: _____

Type of Business _____ Job Title _____

From (M/Y) _____ To(M/Y) _____ Final Salary _____

Name and Title of immediate Supervisor _____

Reason for Leaving _____

Describe job duties and responsibilities

Previous Employer (2nd) _____

Address: _____

Type of Business _____ Job Title _____

From (M/Y) _____ To (M/Y) _____ Final Salary _____

Name and Title of Immediate Supervisor _____

Reason for Leaving _____

Describe job duties and responsibilities

Previous Employer (3rd) _____

Address _____

Type of Business _____ Job Title _____

From (M/Y) _____ To (M/Y) _____ Final Salary _____

Name and Title of Immediate Supervisor _____

Reason for Leaving _____

Describe your job duties and responsibilities

ACKNOWLEDGEMENT

I certify that my answers are true and completed to the best of my knowledge. If this application leads to employment, I understand that false or misleading information on my application or during my interview may disqualify me from employment or be cause for dismissal.

If employed I agree to abide by all rules and regulations, policies and procedures of Bluenose II, including an initial probationary period of eight (8) weeks.

I have read, understood and agree to the conditions as outlined herein. Yes ___ No ___

Name _____ Date _____

**RESUME and COVER LETTER MUST ACCOMPANY EMPLOYMENT APPLICATION
THREE EMPLOYMENT REFERENCES WILL BE REQUIRED IF YOU ARE CONSIDERED FOR A SECOND
INTERVIEW.**

