**EMPLOYMENT APPLICATION**

BLUENOSE II

Schooner BLUENOSE II Email: [director@bluenose2.ca](mailto:director@bluenose2.ca)

P O Box 1299, 121 Bluenose Drive Fax: (902)634.8052

Lunenburg, Nova Scotia, Canada B0J2C0

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

*Would you be able to work the complete Season? YES\_\_\_ or N0 \_\_\_*

*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? Do you possess a valid Canadian Passport?

Yes \_\_\_ No \_\_\_ 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.*