

**Running Free, Inc. dba Schooner Woodwind**  
**1930-A Lincoln Dr.**  
**Annapolis, MD 21401**  
An Equal Opportunity Employer

It is the policy of Running Free, Inc. to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

**Application for Employment**

Important: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

**Personal Data**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

PERMANENT STREET ADDRESS (IF DIFFERENT): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_\_ Visa Type: \_\_\_\_\_ Visa Number: \_\_\_\_\_

**Position Information/Availability**

Position applied for: \_\_\_\_\_  Full or  Part Time - how many hours/week? \_\_\_\_\_

Can you commit to work through October 31<sup>st</sup>?  Yes  No If no, explain (i.e. school, prior commitments, etc.) \_\_\_\_\_

Schedule Restrictions: \_\_\_\_\_

Are you willing to work any shift, including nights and weekends? \_\_\_\_\_

How soon following notification can you report? \_\_\_\_\_

Have you ever previously been interviewed by the company?  Yes  No

If so, when? \_\_\_\_\_ For what position? \_\_\_\_\_

Referral source (Where did you hear about us?): \_\_\_\_\_

Prior to answering the following question(s), please acknowledge that you have read the following:

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

**Signature:** \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please explain (the existence of a criminal record does not constitute an automatic bar to employment) Use a separate piece of paper or the back side of application. \_\_\_\_\_

Do you have a valid drivers license?  Yes  No LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

**Sailing Experience**

Check here if you have NO sailing or boating experience.

Do you have a USCG license?  Yes  No

Tonnage: \_\_\_\_\_ Sailing or other addendums: \_\_\_\_\_

If you were born after July 1, 1972, do you have a Safe Boaters Certificate?  Yes  No 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 Of Vessel: \_\_\_\_\_

Dates: \_\_\_\_\_ Skipper's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Details: \_\_\_\_\_

Vessel Name: \_\_\_\_\_ Your Position: \_\_\_\_\_ Type Of Vessel: \_\_\_\_\_

Dates: \_\_\_\_\_ Skipper's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Details: \_\_\_\_\_

Vessel Name: \_\_\_\_\_ Your Position: \_\_\_\_\_ Type Of Vessel: \_\_\_\_\_

Dates: \_\_\_\_\_ Skipper's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Details: \_\_\_\_\_

**Education**

HIGH SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

DIPLOMA: \_\_\_\_\_ YEARS: \_\_\_\_\_

HIGHER EDUCATION, TECH SCHOOL: \_\_\_\_\_ DEGREE/MAJOR: \_\_\_\_\_ YEARS: \_\_\_\_\_

HIGHER EDUCATION, TECH SCHOOL: \_\_\_\_\_ DEGREE/MAJOR: \_\_\_\_\_ YEARS: \_\_\_\_\_

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.

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of employment: Start: \_\_\_\_\_ End: \_\_\_\_\_ Salary: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Title and duties of your position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of employment: Start: \_\_\_\_\_ End: \_\_\_\_\_ Salary: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Title and duties of your position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of employment: Start: \_\_\_\_\_ End: \_\_\_\_\_ Salary: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Title and duties of your position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### Other employment

List any other activities or projects that you have participated in that would enhance your ability to work for Schooner Woodwind. Please list additional information on a separate paper.

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List part-time employment while in school, including company name(s), addresses, dates of employment: \_\_\_\_\_

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Are there any periods of unemployment and/or part-time employment since you graduated or last attended high school that are not listed above?  Yes  No

If yes, please explain: \_\_\_\_\_

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Have you ever been suspended, placed on probation, asked to resign, discharged or terminated?  Yes  No

If yes, please explain: \_\_\_\_\_

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### Skills

Please rate yourself on a scale of 1 – 10 (10 highest)

**Maintenance:** Varnishing/Painting: \_\_\_\_\_ Electrical: \_\_\_\_\_ Engine: \_\_\_\_\_ Plumbing: \_\_\_\_\_

**Boating:** Sailing: \_\_\_\_\_ Power: \_\_\_\_\_ Ropes: \_\_\_\_\_

**Clerical:** MS Office: \_\_\_\_\_ Computer Skills: \_\_\_\_\_ Math: \_\_\_\_\_ Communication: \_\_\_\_\_

Local Area Knowledge: \_\_\_\_\_ Problem Solving: \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## References

Please provide at least 3 work related references and 2 personal references and their phone numbers. You may refer to this application's "Employment History".

### Professional References

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Personal References

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Military Service and Status

Branch of service (if none, state none): \_\_\_\_\_ Military occupation: \_\_\_\_\_  
Length of active duty (month/year) Date of entry: \_\_\_\_\_ Date of separation: \_\_\_\_\_  
Rank at the time 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 qualify under the following:

- I do not qualify
- Handicapped
- Vietnam era veteran
- Disabled veteran

NAME: \_\_\_\_\_

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.