

# Genesee Waterways Center

## Application Form



Mailing Address:  
PO Box 18607  
Rochester, NY 14607

Email: [info@geneseewaterways.org](mailto:info@geneseewaterways.org)  
Phone: 585-328-3960  
Web: [www.geneseewaterways.org](http://www.geneseewaterways.org)

**Position Desired:**  Livery/Site host  Kayak Instructor  Rowing Instructor  Coxswain  
 Outrigger Canoe Steersperson

### PERSONAL HISTORY

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Have you previously been employed by the Genesee Waterways Center? Yes \_\_\_\_ No \_\_\_\_

If yes, when, and in what capacity? From: \_\_\_\_\_ to: \_\_\_\_\_ Position: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Position: \_\_\_\_\_

### EDUCATION & TRAINING

|                       | Name of School | Last grade/<br>year completed | Area(s) of study |
|-----------------------|----------------|-------------------------------|------------------|
| High School           |                |                               | NA               |
| College/University    |                |                               |                  |
| Trade/Business School |                |                               |                  |

### CERTIFICATIONS

CPR YES / NO Expires: \_\_\_\_\_ Water Safety YES / NO Expires: \_\_\_\_\_

First Aid YES / NO Expires: \_\_\_\_\_ Lifeguard YES / NO Expires: \_\_\_\_\_

ACA Kayak Instructor YES / NO Expires: \_\_\_\_\_

Rowing Instructor YES / NO Expires: \_\_\_\_\_

Other: \_\_\_\_\_ Expires: \_\_\_\_\_

### BACKGROUND

Have you been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_

Have you been convicted of a misdemeanor in the past 5 years? Yes \_\_\_\_ No \_\_\_\_

Are you authorized to work in the United States? Yes \_\_\_\_ No \_\_\_\_

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### WORK EXPERIENCE

List your most recent experience first and account for all experience in the last 5 years.

|                       |                       |                     |  |
|-----------------------|-----------------------|---------------------|--|
| Name of Employer:     |                       | Job Title:          |  |
| Supervisor's Name:    |                       | Sup. Phone:         |  |
| Street Address:       |                       | City/Zip:           |  |
| Length of employment: | From: _____ To: _____ | Reason for leaving: |  |

|                       |                       |                     |  |
|-----------------------|-----------------------|---------------------|--|
| Name of Employer:     |                       | Job Title:          |  |
| Supervisor's Name:    |                       | Sup. Phone:         |  |
| Street Address:       |                       | City/Zip:           |  |
| Length of employment: | From: _____ To: _____ | Reason for leaving: |  |

|                       |                       |                     |  |
|-----------------------|-----------------------|---------------------|--|
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|                       |                       |                     |  |
|-----------------------|-----------------------|---------------------|--|
| Name of Employer:     |                       | Job Title:          |  |
| Supervisor's Name:    |                       | Sup. Phone:         |  |
| Street Address:       |                       | City/Zip:           |  |
| Length of employment: | From: _____ To: _____ | Reason for leaving: |  |

May we contact your past employers regarding your qualifications and work record? Yes \_\_\_ No \_\_\_

May we contact your present employer regarding your qualifications and work record? Yes \_\_\_ No \_\_\_

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### REFERENCES

List the names of three people not related to you whom you have known at least one year.

|    | Name of reference | Name of business | Contact # | Years known/relationship |
|----|-------------------|------------------|-----------|--------------------------|
| 1. |                   |                  |           |                          |
| 2. |                   |                  |           |                          |
| 3. |                   |                  |           |                          |

What interests you about this position at the Genesee Waterways Center?

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Please list any other work or personal experiences that you feel may qualify you for this position:

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### AGREEMENT

I certify that the statements in this application and accompanying materials are true, complete and correct to the best of my knowledge, and understand that misrepresentation or deliberate omission of fact may subject me to disqualification or dismissal.

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

Date: \_\_\_\_\_

### OFFICE USE ONLY

Date Received: \_\_\_\_\_

Start Date: \_\_\_\_\_

Date Contacted: \_\_\_\_\_

End Date: \_\_\_\_\_

Initials: \_\_\_\_\_