



Woods Maritime
Phone (949) 723-7814 Fax (949) 723-1958
Crewposition@privateerlynx.com
Lynx Employment Application

Personal Data

Dates of Availability _____ Full Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Mobile _____ E-mail _____

Sex: _____ Date of Birth: ____/____/____ Social Security # ____-____-____

Are you a legal resident of the United States? _____

Do you have medical insurance? _____ If yes, please state carrier info:

Do you have any limiting physical conditions, disabilities or special dietary needs? ____

If so, please explain: _____

Do you get seasick? _____

Do you take any doctor prescribed medication on a regular basis? _____ If yes, please

list all of your medications and any possible side effects if the medication is not available

Have you ever been convicted for a felony or gross misdemeanor? _____ If yes, please

explain _____

Have you ever been incarcerated? _____ If yes, please explain _____

Do you have any warrants for your arrest?_____ If yes, please explain:_____

General Information

Position desired_____

Are you comfortable working aloft (yes or no) _____

List special maritime skills (i.e. woodworking, repair, maintenance, engineering, etc.):

Have you had any blue water ocean sailing experience? (Yes or no)_____

List hobbies or other skills that you can bring to the Lynx _____

Relative Maritime Employment/ Experience:

Ship Name	Dates Served	Captain's Name	Contact Number

Licenses & Certificates

Please list all current maritime licenses and certifications _____

Do you have education experience working with youth on land or at sea? _____

Emergency contact:

Name _____ Relationship _____

Address _____ City _____ State _____

Zip _____ Phone (day) _____ Phone (evening) _____

Please provide three personal character references that are not related to you:

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

Statement of Accuracy

I declare that the information supplied by me on this application is true and correct and understand that if false information is found on this form it will be immediate grounds for dismissal. I authorize investigation of all statements contained on this application. Prior to hire, all foreign nationals interested in a paid position aboard the Lynx must possess and show appropriate work authorization and immigration documents issued by the United States Department of Immigration and Naturalization. All information contained on this form is strictly confidential and will only be appropriately shared with law enforcement authorities.

Applicant's signature

_____ Date _____

Please attach the following to your application:

- A photo copy of your automobile driver's license
- A copy of your most recent resume

Make certain to answer all questions on your application and sign it where requested. Please address any inquiries in writing to "Crew Positions", 509 29th Street, Newport Beach, CA 92663