



## East Farm Commercial Fisheries Center

### Commercial Fisherman Crew Apprenticeship Program (CFAP) Application

Email your completed application to [spencerbode@cfcri.com](mailto:spencerbode@cfcri.com) or mail to:  
or mail to: **Spencer Bode**

**East Farm Commercial Fisheries Center  
PO Box 5161  
Wakefield, RI 02880**

Before considering this program please be aware of the following requirements

Applicant must:

- Be mobile and have the ability to use a ladders and stairs
- Be physically flexible and have a healthy back
- Be able to be on their feet for several hours at a time
- Be able to kneel, crouch and jump
- Be able to stoop (bend one's head or body forward and downward)
- Have good attention to detail
- Be highly attentive to surrounding environment
- Have a willingness to learn
- Be able to lift objects 50 lbs. or greater
- Be comfortable in and on the water
- Be comfortable working in adverse conditions
- Be willing to submit to a drug test
- Have personal transportation and valid driver's license

Application Date     /     /

#### Personal Information

Name

Last

First

Middle

Street

City

State

Zip

Phone (home)

(work)

(Cell)

E-mail

Date of Birth

/     /

Social Security Number

#### Medical information

Please list any medical conditions or allergies that we need to be aware of:

Please list any medications you are currently taking:

Emergency Contact:

Name	Phone #	Relationship
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Name	Phone #	Relationship
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Education

High School/GED	Year Completed	Grade Level
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College(s) attended	Degree and Year	Major/Minor
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### **More About You**

What are some of your career goals?

What do you hope to gain from your experience during the apprenticeship?

Do you have any military training? If so how much time and did you receive any special training?

Please describe how you cope under pressure and in stressful situations?

Can you give an example of when you have had to deal with a difficult situation either in work, life or school, and how you managed it?

**More About the Program**

Are you available to commit to entire four weeks of the program (July 10th through August 5th)?

Yes                      No

Have you ever been to a fishing port or aboard a commercial fishing vessel?

Aboard any type of boat?                      What type of boat was it?

Do you plan to attend college? Yes              No

Is there anything that you would like to tell us about yourself to support your application?

**Work Experience**

Do you currently have a job? Yes              No

Company                                      Department                                      Job Title

Street

City                                      State              Zip                                      Phone #

Duties

Previous work experience:

Company                                      Department                                      Job Title

Street

City                                      State              Zip                                      Phone #

Duties

Company                                      Department                                      Job Title

Street

City                                      State              Zip                                      Phone #

Duties

Do you have any volunteer experience? Yes      No

Please list where

References (3) Name, Phone Number, Email and Relationship

Do you meet all the requirements of this apprenticeship? Yes      No

If not, what do you lack?

In signing this I acknowledge that all the above information is truthful and accurate

Signed :

Print name

Date

**If you have any questions, please contact Spencer Bode at 401 871 7272**