APPLICATION FOR SEAGOING EMPLOYMENT



Applicant Information (Please complete information in block capitals.)							
Family Name		First Name					
Permanent Address				Nearest International Airp	oort		
Home Phone Number	Mobile Phone Number	Alternate Number		E-mail Address			
How did you hear about this position? Position(s) Applied Fo				How much notice is required employer?	by your current		
Do you have any tattoos?		Do you have any piercings? (Females—other than one hole in each ear)					
Yes No Location(s):		Yes No Location(s):					
Do you have a primary passport?	Passport Number	Date Issued	Place Issued	Expiry Date			
Yes No							
Do you have a Seaman's Book/ID Book?	Book/ID Number	Date Issued	Place Issued	Expiry Date			
Yes No	\(\frac{1}{2} \)	5	DI I I	F : D :			
Do you have a USA Seaman's C1/D visa?	Visa Number	Date Issued	Place Issued	Expiry Date			
Yes No							
List any languages spoken other than Eng	lish and fluency level:						
		2	Fluent Conversational Bas		Basic		
3 Fluent Conversational Basic		4		Fluent Conversational	Basic		
Do you know any sign language (American, Canadian, Australian, or UK)?							
1 Fluent Ce	ertified 2	Fluent	Certified	3	Fluent Certifie	ed	
Have you been convicted of any felony within the last seven years? If yes, has the felony conviction been annulled, expunged, or sealed by a court?							
Yes No			Yes No				
If yes, please describe in full (attach additional paper if necessary):							
Have you previously applied to any of the following cruise lines? Carnival, Cunard, HAL, P&O AU, P&O UK, Princess, Costa, AIDA							
1 Date: Position:			2 Date: Position:				
Have you previously worked for any of the	Carnival, Cu	Carnival, Cunard, HAL, P&O AU, P&O UK, Princess, Costa, AIDA					
1 Date: Position:			2 Date: Position:				
Reason for Leaving:			Reason for Leaving:				

Skype Address: _____

APPLICATION FOR SEAGOING EMPLOYMENT (cont'd)

Employment History								
Start with your most recent employer and list all jobs held. Please account for any periods of unemployment. Even if you submit a C/V or resume, please list your work history below. Attach additional paper if necessary.								
Company Name	City, State, Country	Position		Dates (f	rom/to)	Reason for Leaving		
Education								
Education Background	Name of School	Cit	City, State, Country		Degree Earned		Graduated	
High School				-			Yes	No
Business/ Trade School							Yes	No
College							Yes	No
Graduate Study							Yes	No
Other (explain)							Yes	No
Authorization								
I hereby authorize the company to which I have applied to investigate my education, employment experience, and all other aspects of my background relevant to possible employment, including all statements made by me on this form or any release supplement thereto. I also agree to release the company to which I have applied and any person to whom such inquiry is directed from all liability arising directly or indirectly from any such investigation. I further understand and agree that acceptance of this form does not constitute an employment agreement, and that								
if I am employed, my employment is for no definite period and may be terminated at will at any time without previous notice and with or without cause.								
I certify that the infor							d that a	ny
May we contact your curre		-				evious employer for a refe	erence?	
	Yes N	0			Υ	es No		
If yes, please provide names and contact information for TWO references								
Name:	Р	osition:		Email:				
Name:	n	osition:		Email				
Applicant's Signature (Ente		osition.	Email: Applicant Name (Enter name in capitals) Date					
, ppileants signature (Ente	amoj		Applicant N	anne (Enter	TIGHT I	очртчиој	Date	

SEABOURN CRUISE LINE - PERSONAL DATA SHEET

* Fill out all fields Date: _____

PERSONAL DETAILS						
Last Name:	First N	lame:	Middle Initial:			
Sex: Male Female	Date of Birth (DD/MM/YY)	Single	Married Divorced Separated			
City of Birth:	Country of Birth	:	Nationality:			
HOME ADDRES						
			City:			
•	Postcode:		Phone Number:			
		e/Cell Number:	zen/Green Card Holder: Yes No			
·	rt:					
E-mail Address:	If yes, Social Security #:					
NEXT OF KIN DETAILS						
Relationship to you: Mothe	er Father Wife Husband	Other (please specify)				
. ,	Last Name of Next of Kin: First Name: Title:					
Street Address of Next of Kin: City:						
Country:			·			
Country.	Fosicode.					
		Alternate	Phone Number:			
DOCUMENTATION (for da	ite, enter as DD/MM/YY)					
2nd Passport.:	Place of Issue:	Date of Issue:	Expiry Date:			
Seaman's Book #1:	Country of Issue:	Date of Issue:	Expiry Date:			
	's Book #2: Date of Issue: Date of Issue:		sue: Expiry Date:			
Medical Certificate: Ye	s No Date of Issue:	Country:	Expiry Date:			
Other Visas: Ye	s No Date of Issue:	Country:	Expiry Date:			
Please attach copy of Passport details page / Valid Medical Certificate / Valid Visas / Copy of W4 form (if US applicant)						
CPSC / SCC Yes	No Date of Issue:	Country	of Issue:			
(Lifeboat Certificate) Ce	rtificate Number:	•				

PLEASE USE THIS SECTION TO ADD ADDITIONAL INFORMATION THAT WILL ASSIST YOUR IN APPLICATION