

APPLICATION FOR SHIPBOARD EMPLOYMENT
International Cruise Shops, Ltd
Doral Concourse
8400 NW 36 Street, Suite 600
Miami, FL 33166 USA



All questions must be answered completely or your application may be disqualified from further consideration. Please attach a resume or Curriculum Vitae. Return your completed application, including any copies of certificates, letters of references or related items to the attention of Shipboard Employment or through the Crew Placement Vendor with whom you operate.

Today's Date: _____

Hiring Agency: _____

PERSONAL INFORMATION

Last (Surname) _____ First (Given) _____
Permanent Address (all details listed as on a mailing envelope)
Street: _____ State: _____
Country: _____ Postal Code: _____

Home Telephone: _____ Mobile (Cellular) _____

Email address: _____ Date available to start work(DD/MM/YYYY): _____

Have you ever been employed with Starboard Cruise Services before? ☐ YES ☐ NO
If yes, please state position held and dates of employment _____
Reason for leaving: _____
Have you ever submitted an employment application to Starboard Cruise Services before? ☐ YES Dates: _____ ☐ NO
Are you at least 21 years of age: ☐ YES ☐ NO Can you lift 55lbs (22.67kg/3.57 stone)? ☐ YES ☐ NO
Have you ever pled guilty or "no contest" to, or been convicted of a crime? ☐ YES ☐ NO
If yes, please provide the nature of the crime(s), country of jurisdiction where charges were pled, dates of charges, and any other information
you care to disclose regarding the incident(s). _____

TRAVEL DOCUMENTATION

Passport Number _____ Issue Date _____ Expiration Date _____

Country of Birth _____ Nationality/Citizenship _____

Valid American VISA's (Transit/Seaman C-1/D, Tourist B1/B2):
Visa Type _____ Visa Number _____ Issue Date _____ Expiration Date _____
Visa Type _____ Visa Number _____ Issue Date _____ Expiration Date _____

Is there any reason why you may be denied entry to any country where a VISA is required? ☐ YES ☐ NO
If yes, please state country and reason why _____

Do you have a valid Seaman's Book? ☐ YES ☐ NO

City and Country of nearest airport to home _____

Person to notify in case of emergency _____ Phone _____

CRUISE LINE INFORMATION

Have you ever worked on a ship before? ☐ YES ☐ NO Position _____
Cruise line _____ Dates _____ Reason why you left _____
Do you have any relatives currently working for Starboard Cruise Services? ☐ YES ☐ NO
If yes, please state name and cruise line _____

LANGUAGE & RETAIL KNOWLEDGE

Knowledge of English language skills: (Fluent, Intermediate, Basic) Speak _____ Write _____ Read _____

Please list any other language skills and level of fluency: Fluent, Intermediate, Basic

Language _____ Speak _____ Write _____ Read _____

Language _____ Speak _____ Write _____ Read _____

Language _____ Speak _____ Write _____ Read _____

Do you have retail experience? _____ If yes, how long? _____

If yes, what merchandise have you sold? _____

EDUCATION

What is your highest level of education completed? _____

School Name	Address	Dates Attended

EMPLOYMENT HISTORY*Starting with the most recent, account for the last seven (7) years of employment. Please explain any gaps in employment.*

Employer:		Mailing Address:	
Starting Job Title	Ending Job Title	Supervisor's Name/Title	Phone Number
Starting Salary \$	Ending Salary \$	Dates Employed From: To:	Did you manage any staff? _____ If Yes, how many?
Please state reason why you ended employment.			May we contact this employer for a reference?

Employer:		Mailing Address:	
Starting Job Title	Ending Job Title	Supervisor's Name/Title	Phone Number
Starting Salary \$	Ending Salary \$	Dates Employed From: To:	Did you manage any staff? _____ If Yes, how many?
Please state reason why you ended employment.			May we contact this employer for a reference?

Employer:		Mailing Address:	
Starting Job Title	Ending Job Title	Supervisor's Name/Title	Phone Number
Starting Salary \$	Ending Salary \$	Dates Employed From: To:	Did you manage any staff? _____ If Yes, how many?
Please state reason why you ended employment.			May we contact this employer for a reference?

REFERENCES

List 3 references (excluding family members) that we may contact

<u>Name</u>	<u>Title</u>	<u>Company</u>	<u>Job Relation to you</u>	<u>Phone Number</u>
1. _____				
2. _____				
3. _____				

Applicant Statement

Prior to beginning employment, all applicants who are offered employment must complete and pass a fitness-for-duty physical examination including a drug test. All offers of employment are contingent and conditional on successful completion of the foregoing examination and drug test.

I certify that all information I have provided in this Application for Shipboard Employment in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that there is a 90-day probation period, which I must successfully complete.

I understand that my employment can be terminated at any time during this period for not adhering to rules and regulations set forth by International Cruise Shops and the Cruise Line, which I would be assigned to.

I also understand that if I am hired, I will be required to provide valid passport and any visas, which are required to work on or join a vessel.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understood and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date (DD/MM/YYYY) _____

International Cruise Shops, LTD

Have you ever had or have you now any of the following Conditions listed below?
Please check each line item either YES or NO and circle each item that applies to you.

	YES	NO		YES	NO
ARE YOU TAKING ANY MEDICINE NOW?			GASTO INTESTINAL PROBLEMS, THYROID, ULCERS OR CHRONES DISEASE		
IF SO WHAT TYPES OF MEDICINE AND FOR WHAT CONDITION(S)?			CIRRHOSIS OR HEPATITIS		
REACTION TO MEDICINES			JAUNDICE, GALL BLADDER TROUBLE		
ARE YOU ALLERGIC TO ANY MEDICATIONS?			URINARY TRACT INFECTION OR KIDNEY INFECTION		
IF SO WHAT ARE THEY?			KIDNEY STONES OR GALL STONES		
HEAD INJURY, NECK INJURY OR BACK INJURY			TUMORS OR CANCER		
EPILEPSY, CONVULSIONS OR SEIZURE			BREAST MASS		
BACK OR NECK PAIN			RECTAL BLEEDING		
SHOULDER PAIN OR INJURY			PROSTATE PROBLEMS		
FREQUENT HEADACHES OR MIGRAINE			HERNIA		
DIZZINESS, FAINTING SPELLS OR BLACKOUTS			SEXUALLY TRANSMITTED DISEASES		
EYE TROUBLE			HIV POSITIVE		
FREQUENT COUGH, HOARSENESS OR ASTHMA			SIGNIFICANT RECENT GAIN OR LOSS OF WEIGHT		
CHRONIC SINUS TROUBLE, SNORING OR SLEEP APNEA			ARE YOU PREGNANT?		
TUBERCULOSIS OR PNEUMONIA			ANY FRACTURES OR DISLOCATIONS		
WEAKNESS, FATIGUE, SLEEP APNEA OR SHORT BREATH			ARTHRITIS, RHEUMATISM, GOUT, PAINFUL JOINTS		
MALARIA			KNEE PAIN, KNEE SURGERY OR KNEE INJURY		
CHEST PAIN			FOOT TROUBLE, FLAT FEET, BUNION		
HEART TROUBLE, HEART ATTACK OR IRREGULAR HEART BEAT			PSYCHIATRIC OR PSYCHOLOGICAL DISORDER OR ILLNESS		
HIGH BLOOD PRESSURE			DEPRESSION OR ANXIETY		
VARICOSE VEINS, SWOLLEN ANKLES, SWELLING OF LEGS, ANKLES OR FEET			ATTEMPTED SUICIDE		
BACK, NECK SHOULDER, ARM, WRIST PAIN OR INJURY			ALCOHOL OR DRUG ABUSE		
DIABETES			PANIC ATTACKS		
TATTOO OR BODY PIERCINGS			PSORIASIS		

A subsidiary of Starboard Cruise Services, Inc.

	YES	NO
Do you have any physical work restrictions?		
Have you ever had any work related Injuries or filed any law suits?		
Have you ever applied for or received a pension, Compensation for Disability? (If yes, specify what kind, by whom, amount, when and why.)		
Have you ever had, or have you been advised to have an operation? (If yes, describe and give age at which occurred)		
Have you any Physical complaint, impairment or disability at present?		
Have you ever had a nervous breakdown, Psychiatric Treatment or psychological problems?		
Have you been discharged or rejected from Military service because of Physical, mental or other medical reasons?		
Have you consulted or been treated by Clinics, Doctors, healers or other Practitioners in the past (5) years? (If yes, give dates, names and reasons)		
Do you have any pre-existing conditions (i.e. bad back, heart problem, diabetes, congenital disease, ulcers, etc) either active or inactive? (If yes, please explain fully).		

I have completed the foregoing statements of my medical history and I understand that any false or misleading statements or information purposely omitted will be sufficient cause for termination and may jeopardize my rights to maintenance and cure.

I authorize my Doctor, Medical Consultant and/or Hospital, upon request, to provide Starboard Cruise Services and/or U.S. Maritime Consultants, Inc. access to any pertinent medical report, copy of my medical records including the care and treatment of myself, showing history, examination, diagnosis, treatment, prognosis, etc.

My employment is contingent upon satisfactory completion of the physical examination. I also understand that International Cruise shops, a subsidiary of Starboard Cruise Services, will not be responsible for any medical expenses incurred for a pre-existing condition. I authorize my physician and /or the medical facility performing the physical examination to provide results regarding my medical history and physical examinations status as it applies to the requirements of the job I have applied for.

Applicant Signature

Date

Print Applicant Name



STARBOARD™

ACKNOWLEDGEMENT OF COMPENSATION

My signature below confirms acknowledgement and acceptance of the following compensation plan while in the role of Sales Associate with Starboard Cruise Services, Inc. (the Company):

Base Salary: \$900 per month + spiffs that vary per Voyage (additional commissions will be paid once you complete 60 days of on boarding training).

All payments are deposited directly into a Brightwell Navigator account
I acknowledge that this compensation plan is temporary, and therefore subject to change. The Company will promptly communicate any change to the above plan.

Printed Name

Signature

Date

HOSPITAL AND DOCTOR'S AUTHORIZATION

RE: _____ (Print Name of Employee)

Please be advised that I hereby request and authorize you to furnish **Starboard Cruise Services Inc. and/or U.S. Maritime Consultants, Inc.**

(X) Your Medical Report and copy of your bill

(X) A photostatic copy of your Medical Records and copy of your bill.

Pertaining to my physical condition and the care and treatment of myself, showing history, Examination, Diagnosis, Treatment, Prognosis, etc.

This Request and Authorization is being furnished pursuant to *Section 455.241, Florida Statutes Annotated.

Your courtesy and cooperation in furnishing the above information to **Starboard Cruise Services, Inc. and/or U.S. Maritime Consultants, Inc.** will be greatly appreciated.

Yours very truly,

_____ (Employee Signature)

_____ (Date – DD/MM/YYYY)

*455.241 F.S.A. patient records; copies of records to be furnished.

- (1) Any health care practitioner licensed pursuant to chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 464, chapter 466, or chapter 474 who makes a physical or mental examination of, or administers treatment to, any person shall, upon request of such person or his legal representative, furnish copies of all reports made of such examination or treatment, including X-rays. The furnishing of such copies shall not be conditioned upon payment of a disputed fee for services rendered.
- (2) Such records shall not be furnished to any person other than the patient or his legal representative, except upon written authorization of the patient. However, such records may be furnished without written authorization to any person, firm, or corporation which has procured or furnished such examination or treatment with the patient's consent or when compulsory physical examination is made pursuant to Rule 1.360, Florida Rules of Civil Procedure, in which case copies of the medical record shall be furnished to both the defendant and the plaintiff.