

## APPLICATION FOR SEAGOING EMPLOYMENT

Applicant Information (Please use all-capital letters)								
Family Name			Name					
Permanent Address			Nearest International Airport					
Home Phone Number	Mobile Phone Numb	ımber Alternate Phone Number			er	Email Address		
Position(s) Applied For:	How did you hear al	bout this	position(s)?	How much notice is rec		quired by your	current employer?	
Are you age 21 or older? (UK residents, do not answer this question)	Do you have any tat	ttoos?				any piercings? ther than one hole in each ear)		
Yes No	Yes No Locat	tion(s):			Yes No	Yes No Location(s):		
Do you have a current passport?	Passport Number		Date Issued	·	Place Issu	ued	Expiration Date	
Yes No								
Do you have a Seaman's Book/ID Book?	Book/ID Number		Date Issued		Place Issu	Place Issued Expiration D		
Yes No								
Do you have a USA Seaman's C1/D visa?	Visa Number		Date Issued	Issued Pla		ued	Expiration Date	
Yes No								
List any languages spoken other than English and	d your fluency level:							
1 Fluent Conversational Basic 2 Fluent Conversational Basic					Basic			
3 Fluent Conversa	sational Basic 4 Fluent Conversational Basic					Basic		
Do you know a sign language? (American, Canadian, Australian, or UK)								
1 Fluent Certified 2 Fluent Certified 3 Fluent					uent Certified			
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 (provide additional information on an attached piece of paper, if necessary):								
Have you previously applied to Princess Cruises?  Have you previously worked for another cruise line?								
Yes No If Yes, which one(s)								

Education							
Level	Name of School	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		



## APPLICATION FOR SEAGOING EMPLOYMENT (cont'd)

Employment Hi	istory						
	ecent employer and list all jo r work history below. If you						Even if you submit a C/V or e of paper, fill in, and attach.
Company Name	City, State, Country P	'osition	ion Dates (MM/YY to		(MM/YY to MM/YY)	Reas	on for Leaving
Deferences							
References		2 N			6		
May we contact your cu	rrent employer for a reference	? Name	'		Company		Email
Yes No If Yes	s, provide his/her information:	Title	Title				Daytime Phone
May we contact your previous employer for a reference?		ce? Name	Name		Company		Email
Yes No If Yes, provide his/her information:		Title	Title			Daytime Phone	
Please provide two additional references (even if you answ			<u> </u>				
Reference 1: Name		Email	Email				Daytime Phone
Describe your connection	on to the reference (include co	mpany and	title if relevant)				
Reference 2: Name		Email					Daytime Phone
D 1			Livil of Land				
Describe your connection	on to the reference (include co	mpany and	title if relevant)				

## **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 and 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 information herein is accurate and complete to the best of my knowledge and understand that any omission or misrepresentation of fact may be considered reason for disqualification or dismissal.

Applicant Signature	Applicant Name (please print)	Date



## **APPLICATION FOR**

UK Residents Only								
Previous sea experience (if applicable)								
Rank	Dates (MM/YY to MM/YY)	Vessel Type	Gross Tonnage	Owner/Operator	Engine Type			
If previously employed	d at sea, list STCW 95 qua	alifications (i.e., Certifica	te of Competency/Licen	se)				
Date Issued		Certificate Type		Expiration Date				
If you have the following certifications, please list if applicable or available								
CPSC/Lifeboat Certificate Number		Basic Sea Survival Certificate Number						
National Insurance nu	mber							

HR FLP 0010D 0415 Page 3