









APPLICATION FOR SEAGOING EMPLOYMENT

Applicant Information (Please use all-capital letters)							
Family Name			Name				
Permanent Address						Nearest Inte	rnational Airport
Email Address	Mobile Phone Number		Alternate Phone Nur		mber Home Phone		e Number
Position(s) Applied For:	How did you hear about this position(s)?		position(s)?	How much notice is required by your current en		current employer?	
Are you age 21 or older? (Not applicable to UK candidates) Do you have any tattoo			Do you have any piercings? (Women—other than one hole in each				
Yes No	Yes No Location(s):				Yes No Location(s):		
Do you have a current passport?	Passport Number		Date Issued		Place Issued Expiration Date		Expiration Date
Yes No							
Do you have a Seaman's Book/ID Book?	Book/ID Number		Date Issued		Place Issued Expir		Expiration Date
Yes No							
Do you have a USA Seaman's C1/D visa?	Visa Number		Date Issued		Place Issu	ued	Expiration Date
Yes No							
List any languages spoken other than English and	d your fluency level:						
1 Fluent Conversa	tional Basic	Basic 2 Fluent Conversational Ba			Basic		
3 Fluent Conversa	tional Basic	onal Basic 4 Fluent Conversational Basic					Basic
Do you know a sign language? (American, Canad	dian, Australian, or UK	()					
1 Fluent Certified	Fluent Certified 2. Fluent Certified 3. Fluent Certified					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 Holland America Group? Have you previously worked for another cruise line?							
Yes No 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 FORSEAGOING EMPLOYMENT (cont'd)

Employment Hist						
						ment. Even if you submit a C/V or r piece of paper, fill in, and attach.
Company Name City, State, Country Pos		Posit	ion	Dates	(MM/YY to MM/YY)	Reason for Leaving
References					I	
May we contact your curre	nt employer for a referen	ce?	Name Co		Company	Email
Yes No If Yes, p	provide his/her informatio	n:	Title			Daytime Phone
May we contact your previous employer for a reference?			Name Company		Email	
Yes No If Yes, provide his/her information:		n:	Title			Daytime Phone
Please provide two additio	nal references (even if yo	u ansv	vered Yes to either quest	ion abov	ve)	
Reference 1: Name			Email			Daytime Phone
D :1 :: .			11 1 1			
Describe your connection t	to the reference (include	compa	any and title if relevant)			
Reference 2: Name			Email			Daytime Phone
Describe your connection t	to the reference (include	compa	any and title if relevant)			
Describe your connection t	to the reference (include	compa	any and the free vally			
Authorization						
	ammany to which I have		liad to invastigate	a d a a ±:	an amanlassmr==+	experience and all other aspects

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

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National Insurance number

UK Residents Only (All departments)









APPLICATION FORSEAGOING EMPLOYMENT (cont'd)

Marine and Technical Candidates Only							
Previous sea experience							
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					

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