

Candidate's Name:		Date:			
Address:					
Telephone Number:	Email	:			
Social Security Number :	Date	Date available to start :			
Are you 18 years of age or older?	•	Are you either a U.S. citizen or an alien authorized to work in the U.S.?			
☐ Yes ☐ No		☐ Yes ☐ No			
Have you ever worked or attended	ed school under anothe	er name? If so, under what name?			
Position Desired :		Wage rate desired: \$			
Do you prefer:					
☐ Full-time ☐ Part-time, hours p	er week desired:	🗖 Temp End date			
Hours you are available to work:					
Are you able to work:	ends 🗖 Holidays 📮 N	ights Overtime			
Have you worked for Cruiseport,	Seaport Grille, or Beau	port Princess Cruiselines 🚨 Yes 📮 No			
Dates of employment with comp	any from to	o Supervisor:			
Education					
High School:	Graduated?	Course of Study:			
The state of the s	☐ Yes ☐ No				
T 1 : 10 1					
Technical School:	Graduated?	Course of Study:			
	☐ Yes ☐ No				
College/University:	Graduated?	Course of Study:			
	☐ Yes ☐ No				
Post-Graduate Education:	Graduated?	Course of Study:			
	☐ Yes ☐ No				
Other education, training, certificat	tions or special skills:				
<u> </u>	•				

kills re you experienced in using persor	nal computers? Yes	□ No □ F	PC 🖵 Mac	
o you speak a foreign language? \Box	☐ Yes ☐ No Which	n ones		
/hat software programs are you ca	apable of using?			
to the Promoution of the Control of				
/ork Experience Please list all previous another sheet of paper		the most recent. If	f you need more room, you may attach	
Employer:		Address:		
From To	Position Held:		Reason for Leaving:	
Supervisor's Name & Title:		<u>-</u>	May we contact? ☐ Yes ☐ No	
Description of Duties:				
Starting Compensation:		Final Comper	nsation:	
Employer:		Address:		
From To	Position Held:	1	Reason for Leaving:	
Supervisor's Name & Title:		May we contact? ☐ Yes ☐ No		
Description of Duties:				
Starting Compensation:		Final Compensation:		
Employer:		Address:		
From To	Position Held:		Reason for Leaving:	
Supervisor's Name & Title:			May we contact? ☐ Yes ☐ No	
Description of Duties:				
Starting Compensation:		Final Comper		

Name: _		F	Phone Numbe	r:		Email:		
Position	Position or Title:				Years	Years Known:		
Name: _		F	Phone Numbe	r:		Email:		
Position	tion or Title:				Years Known:			
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References

Please return completed application to : <u>Jobs@Cruiseportgloucester.com</u> Cruiseport Gloucester, LLC 6 Rowe Square, Gloucester, MA 01930 978-282-9700