



Application for Employment

Candidate's Name: _____ Date: _____

Address: _____

Telephone Number: _____ Email : _____

Social Security Number : _____ Date available to start : _____

Are you 18 years of age or older?

Yes No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes No

Have you ever worked or attended school under another name? If so, under what name?

Position Desired : _____ Wage rate desired: \$ _____

Do you prefer:

Full-time Part-time, hours per week desired: _____ Temp End date- _____

Hours you are available to work: Please complete Availability worksheet.

Are you able to work: Weekends Holidays Nights Overtime

Have you worked for Cruiseport, Seaport Grille, or Beauport Princess Cruiselines Yes No

Dates of employment with company from _____ to _____ Supervisor: _____

Reason(s) for leaving: _____

Education

High School:	Graduated?	Course of Study:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical School:	Graduated?	Course of Study:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University:	Graduated?	Course of Study:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post-Graduate Education:	Graduated?	Course of Study:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education, training, certifications or special skills:

Skills

Are you experienced in using personal computers? Yes No PC Mac

Do you speak a foreign language? Yes No Which ones _____

What software programs are you capable of using?

Work Experience Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

References

Identify three persons who know your work, beginning with the most recent.

Name: _____ **Phone Number:** _____ **Email:** _____

Position or Title: _____ **Years Known:** _____

Name: _____ **Phone Number:** _____ **Email:** _____

Position or Title: _____ **Years Known:** _____

Name: _____ **Phone Number:** _____ **Email:** _____

Position or Title: _____ **Years Known:** _____

Have you ever been convicted of a felony? Yes No

Within the last five years have you been convicted of, or released from incarceration for a misdemeanor which was not a first offense for drunkenness, simple assault, speeding, a minor traffic violation, an affray, or disturbing the peace? Yes No

Authorizations and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate's Signature

Date

If any availability, please put open availability. If any hours are restricted, please indicate actual times of availability Ex:9am-9pm

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open Avail							
Morning							
Afternoon							
Evening							

Preferences will always be considered, but business needs will come first. Please indicate any requests below: