

Applicant Information *(Please use all-capital letters)*

Family Name		First Name		
Permanent Address		Nearest International Airport		
Home Phone Number	Mobile Phone Number	Alternate Phone Number	Email Address	
Position(s) Applied For:	How did you hear about this position(s)?	How much notice is required by your current employer?		
Are you age 21 or older? (UK residents, do not answer this question)	Do you have any tattoos?	Do you have any piercings? (Women—other than one hole in each ear)		
Yes No	Yes No Location(s):	Yes No Location(s):		
Do you have a current passport?	Passport Number	Date Issued	Place Issued	Expiration Date
Yes No				
Do you have a Seaman's Book/ID Book?	Book/ID Number	Date Issued	Place Issued	Expiration Date
Yes No				
Do you have a USA Seaman's C1/D visa?	Visa Number	Date Issued	Place Issued	Expiration Date
Yes No				
List any languages spoken other than English and your fluency level:				
1. _____		Fluent	Conversational	Basic
2. _____		Fluent	Conversational	Basic
3. _____		Fluent	Conversational	Basic
4. _____		Fluent	Conversational	Basic
Do you know a sign language? (American, Canadian, Australian, or UK)				
1. _____		Fluent	Certified	
2. _____		Fluent	Certified	
3. _____		Fluent	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		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

Employment History

Start with your most recent employer and list all jobs held. Please account for any periods of unemployment. Even if you submit a C/V or résumé, please list your work history below. If you need more room, copy this section, paste on another piece of paper, fill in, and attach.

Company Name	City, State, Country	Position	Dates (MM/YY to MM/YY)	Reason for Leaving

References

May we contact your current employer for a reference?		Name	Company	Email
Yes	No	If Yes, provide his/her information:		Title
				Daytime Phone
May we contact your previous employer for a reference?		Name	Company	Email
Yes	No	If Yes, provide his/her information:		Title
				Daytime Phone
Please provide two additional references (even if you answered Yes to either question above)				
Reference 1: Name		Email		Daytime Phone
Describe your connection to the reference (include company and title if relevant)				
Reference 2: Name		Email		Daytime Phone
Describe your connection to the reference (include company 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

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 at sea, list STCW 95 qualifications (i.e., Certificate of Competency/License)

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 number

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Basic Information			
First Name:		Last Name:	

Availability	
1. What is the earliest date you would be available for employment?	

General Information	Yes	No
2. Are you comfortable with being away from home for up to 9 months at a time?	<input type="checkbox"/>	<input type="checkbox"/>
3. Would you be okay with sharing a cabin with another crew member of the same gender?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you fear your government?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you at least 21 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you currently smoke or otherwise use tobacco products?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have tattoos that would be visible while wearing a uniform with short sleeves or shorts?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If you answered yes to Question 7, please describe the size and location of your tattoo:</i>		
Click here to enter text.		

Statutory Seafarer Medical Fitness Exam	Yes	No
8. Applicable International Maritime Law requires you to pass a Seafarer Medical Fitness Examination prior to joining the ship and be issued an unrestricted medical certificate. This is to ensure you are fit to carry out both your routine and emergency duties. There are numerous conditions which may prevent an unrestricted fitness certificate being issued (e.g. epilepsy, insulin dependent diabetes and obesity which is defined as a BMI > 30). BMI can be calculated by using the following equation $BMI = [(weight\ in\ pounds)/(height\ in\ inches)^2 \times 703]$ or by using this online tool: http://www.nhlbisupport.com/bmi/	<input type="checkbox"/>	<input type="checkbox"/>
Do you believe you could pass a fitness exam?		

Acknowledgement	
9. By checking this box, I certify that the above declarations are factual and complete to the best of my knowledge. I understand that any false and/or misleading statements, or any deliberate omission of facts, may result in consequences including my application being withdrawn from consideration or my employment being terminated.	<input type="checkbox"/>
Signature: _____	Date: _____