 **APPLICATION FOR SHIPBOARD EMPLOYMENT**

**International Cruise Shops, Ltd**

**Doral Concourse**

**8400 NW 36 Street, Suite 600**

**Miami, FL 33166 USA**

Please Print

All questions must be answered completely, or your application may be disqualified from further consideration. Please attach a resume or

Curriculum Vitae. Return your completed application, including any copies of certificates, letters of references or related items to the attention of Shipboard Employment or through the Crew Placement Vendor with whom you operate.

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hiring Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **PERSONAL INFORMATION** |
| Last (Surname)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First (Given) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Permanent Address Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile (Cellular) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date available to start work(DD/MM/YYYY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you ever been employed with Starboard Cruise Services before? YES NOIf yes, please state position held and dates of employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you ever submitted an employment application to Starboard Cruise Services before? YES Dates: \_\_\_\_\_\_\_\_\_\_\_\_ NOAre you at least 21 years of age: YES NO Can you lift 55lbs (22.67kg/3.57 stone)? YES NOHave you ever pled guilty or “no contest” to, or been convicted of a crime? YES NOIf yes, please provide the nature of the crime(s), country of jurisdiction where charges were pled, dates of charges, and any other information you care to disclose regarding the incident(s).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **TRAVEL DOCUMENTATION** |
| Passport Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality/Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Valid American VISA’s (Transit/Seaman C-1/D, Tourist B1/B2):Visa Type \_\_\_\_\_\_\_\_\_\_ Visa Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue Date \_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_Visa Type \_\_\_\_\_\_\_\_\_\_ Visa Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue Date \_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_Is there any reason why you may be denied entry to any country where a VISA is required? YES NOIf yes, please state country and reason why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have a valid Seaman’s Book? YES ­­­ NO City and Country of nearest airport to home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Person to notify in case of emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CRUISE LINE INFORMATION** |
| Have you ever worked on a ship before? YES NO Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cruise line \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates \_\_\_\_\_\_\_\_\_\_\_\_ Reason why you left \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have any relatives currently working for Starboard Cruise Services? YES NO If yes, please state name and cruise line \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have any relatives currently working on a cruise line? YES NO If yes, please state name and cruise line \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **LANGUAGE & RETAIL KNOWLEDGE** |
| Knowledge of English language skills: (Fluent, Good, Slight) Speak \_\_\_\_\_\_\_\_\_\_ Write \_\_\_\_\_\_\_\_\_\_\_ Read \_\_\_\_\_\_\_\_\_\_\_Please list any other language skills and level of fluency: Fluent, Good, SlightLanguage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Speak \_\_\_\_\_\_\_\_\_\_\_ Write \_\_\_\_\_\_\_\_\_\_\_\_\_ Read\_\_\_\_\_\_\_\_\_\_\_\_\_\_Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Speak \_\_\_\_\_\_\_\_\_\_\_ Write \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Read \_\_\_\_\_\_\_\_\_\_\_\_\_\_Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Speak \_\_\_\_\_\_\_\_\_\_\_ Write \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Read \_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have retail experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, how long?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If yes, what merchandise have you sold? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **EDUCATION** |
| What is your highest level of education completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **School Name** | **Address** | **Dates Attended** |
|  |  |  |
|  |  |  |

 |
|  |  **EMPLOYMENT HISTORY** |
|  *Starting with the most recent, account for the last seven (7) years of employment. Please explain any gaps in employment.* |
| **Employer:** |  **Mailing Address:** |
| **Starting Job Title** | **Ending Job Title** | **Supervisor’s Name/Title** | **Phone Number** |
| **Starting Salary****$** | **Ending Salary****$** | **Dates Employed****From: To:** |  **Did you manage any staff?\_\_\_\_\_\_\_\_** **If Yes, how many?** |
| **What skills did you use most in this position?** |
| **Please state reason why you ended employment.** |  **May we contact this employer for a reference?** |
| **Employer:** | **Mailing Address:** |
| **Starting Job Title** | **Ending Job Title** | **Supervisor’s Name/Title** | **Phone Number** |
| **Starting Salary****$** | **Ending Salary****$** | **Dates Employed****From: To:** | **Did you manage any staff?\_\_\_\_\_\_\_\_****If Yes, how many?** |
| **What skills did you use most in this position?** |
| **Please state reason why you ended employment.** | **May we contact this employer for a reference?** |
| **Employer:** | **Mailing Address:** |
| **Starting Job Title** | **Ending Job Title** | **Supervisor’s Name/Title** | **Phone Number** |
| **Starting Salary****$** | **Ending Salary****$** | **Dates Employed****From: To:** | **Did you manage any staff? \_\_\_\_\_\_\_\_****If Yes, how many?** |
| **What skills did you use the most in this position?** |
| **Please state reason why you ended employment.** | **May we contact this employer for a reference?** |
| **REFERENCES** |
| List 3 references (excluding family members) that we may contact **Name Title Company Job Relation to you Phone Number**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Applicant Statement

Prior to beginning employment, all applicants who are offered employment must complete and pass a fitness-for-duty physical examination including a drug test. All offers of employment are contingent and conditional on successful completion of the foregoing examination and drug test.

I certify that all information I have provided in this Application for Shipboard Employment in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer’s service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that there is a 90-day probation period, which I must successfully complete.

I understand that my employment can be terminated at any time during this period for not adhering to rules and regulations set forth by International Cruise Shops and the Cruise Line, which I would be assigned to.

I also understand that if I am hired, I will be required to provide valid passport and any visas, which are required to work on or join a vessel.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understood and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Starboard Fit Assessment**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. What is the maximum amount of time you can commit to an assignment?**

* 1 month
* 3 months
* 6 months
* √9 months

**2. Are you willing to be assigned to any cruise line or cruise ship?**

* √Yes
* No

**3. Up to how many hours a day are you willing to work?**

* 6 hours
* 8 hours
* √12+ hours
* 10 hours

**4. Are you able to work up to 6 months with no full days off during your assignment?**

* √Yes
* No
* Maybe

**5. Are you willing to complete all mandated cruise line training?**

* √Yes
* No
* Maybe

**6. Are you willing to work in any shop onboard the ship?**

* √Yes
* No
* Maybe

**7. Are you willing to wear a mandatory company uniform at all times during working hours?**

* √Yes
* No
* Maybe

**8. Are you able to communicate clearly in English at all times?**

* Only for a limited period of time
* Only speak English when absolutely necessary
* √No problem speaking English at all times if required
* I can speak English only for a few hours at a time

**9. Are you willing to comply with all personal grooming standards required by the company?**

* √Yes
* No
* Maybe

**10. Are you willing to follow all Starboard Cruise Services policies and procedures?**

* √Yes
* No
* Maybe

**11. Do you consider yourself a team player?**

* √Yes
* No
* Maybe

**12. Are you willing to work together with a team and share the commission?**

* √Yes
* No
* Maybe

**13. Are you willing to share a cabin with someone of the same gender but not necessarily the same** **nationality?**

* √Yes
* No
* Maybe

**14. Are you willing to eat in communal space with other crew members?**

* √Yes
* No
* Maybe

**15. Are you willing to eat only at designated times throughout the day?**

* √Yes
* No
* Maybe

**16. Are you willing to work together with people from different cultures?**

* √Yes
* No
* Maybe

**17. Are you willing to live and work with limited privacy?**

* √Yes
* No
* Maybe

**18. Are you able to follow instructions and ask for assistance if unclear?**

* √Yes
* No
* Maybe

**International Cruise Shops, LTD**

**Have you ever had or have you now any of the following Conditions listed below?**

**Please check each line item either YES or NO and circle each item that applies to you.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | **YES** | **NO** |   | **YES** | **NO** |
| ARE YOU TAKING ANY MEDICINE NOW? |  | **√** | GASTO INTESTINAL PROBLEMS, THYROID, ULCERS OR CHRONES DISEASE |  | **√** |
| IF SO WHAT TYPES OF MEDICINE AND FOR WHAT CONDITION(S)? |  | **√** | CIRRHOSIS OR HEPATITIS |  | **√** |
| REACTION TO MEDICINES |  | **√** | JAUNDICE, GALL BLADDER TROUBLE |  | **√** |
| ARE YOU ALLERGIC TO ANY MEDICATIONS? |  | **√** | URINARY TRACT INFECTION OR KIDNEY INFECTION |  | **√** |
| IF SO WHAT ARE THEY? |  | **√** | KIDNEY STONES OR GALL STONES |  | **√** |
| HEAD INJURY, NECK INJURY OR BACK INJURY |  | **√** | TUMORS OR CANCER |  | **√** |
| EPILEPSY, CONVULSIONS OR SEIZURE |  | **√** | BREAST MASS |  | **√** |
| BACK OR NECK PAIN |  | **√** | RECTAL BLEEDING |  | **√** |
| SHOULDER PAIN OR INJURY |  | **√** | PROSTATE PROBLEMS |  | **√** |
| FREQUENT HEADACHES OR MIGRAINE |  | **√** | HERNIA |  | **√** |
| DIZZINESS, FAINTING SPELLS OR BLACKOUTS |  | **√** | SEXUALLY TRANSMITTED DISEASES |  | **√** |
| EYE TROUBLE |  | **√** | HIV POSITIVE |  | **√** |
| FREQUENT COUGH, HOARSENESS OR ASTHMA |  | **√** | SIGNIFICANT RECENT GAIN OR LOSS OF WEIGHT |  | **√** |
| CHRONIC SINUS TROUBLE, SNORING OR SLEEP APNEA |  | **√** | ARE YOU PREGNANT? |  | **√** |
| TUBERCULOSIS OR PNEUMONIA |  | **√** | ANY FRACTURES OR DISLOCATIONS |  | **√** |
| WEAKNESS, FATIGUE, SLEEP APNEA OR SHORT BREATH |  | **√** | ARTHRITIS, RHEUMATISM, GOUT, PAINFUL JOINTS |  | **√** |
| MALARIA |  | **√** | KNEE PAIN, KNEE SURGERY OR KNEE INJURY |  | **√** |
| CHEST PAIN |  | **√** | FOOT TROUBLE, FLAT FEET, BUNION |  | **√** |
| HEART TROUBLE, HEART ATTACK OR IRREGULAR HEART BEAT |  | **√** | PSYCHIATRIC OR PSYCHLOGICAL DISORDER OR ILLNESS |  | **√** |
| HIGH BLOOD PRESSURE |  | **√** | DEPRESSION OR ANXIETY |  | **√** |
| VARICOSE VEINS, SWOLLEN ANKLES, SWELLING OF LEGS, ANKLES OR FEET |  | **√** | ATTEMPTED SUICIDE |  | **√** |
| BACK, NECK SHOULDER, ARM, WRIST PAIN OR INJURY |  | **√** | ALCOHOL OR DRUG ABUSE |  | **√** |
| DIABETES |  | **√** | PANIC ATTACKS |  | **√** |
| TATTOO OR BODY PIERCINGS |  | **√** | PSORIASIS |  | **√** |

A subsidiary of Starboard Cruise Services, Inc.

|  |  |  |
| --- | --- | --- |
|   | **YES** | **NO** |
| Do you have any physical work restrictions? |  | **√** |
| Have you ever had any work related Injuries or filed any law suits? |  | **√** |
| Have you ever applied for or received a pension, Compensation for Disability? (If yes, specify what kind, by whom, amount, when and why.) |  | **√** |
| Have you ever had, or have you been advised to have an operation? (If yes, describe and give age at which occurred) |  | **√** |
| Have you any Physical complaint, impairment or disability at present? |  | **√** |
| Have you ever had a nervous breakdown, Psychiatric Treatment or psychological problems? |  | **√** |
| Have you been discharged or rejected from Military service because of Physical, mental or other medical reasons? |  | **√** |
| Have you consulted or been treated by Clinics, Doctors, healers or other Practitioners in the past (5) years? (If yes, give dates, names and reasons) |  | **√** |
| Do you have any pre-existing conditions (i.e. bad back, heart problem, diabetes, congenital disease, ulcers, etc) either active or inactive? (If yes, please explain fully). |  | **√** |

I have completed the foregoing statements of my medical history and I understand that any false or misleading statements or information purposely omitted will be sufficient cause for termination and may jeopardize my rights to maintenance and cure.

I authorize my Doctor, Medical Consultant and/or Hospital, upon request, to provide Starboard Cruise Services and/or U.S. Maritime Consultants, Inc. access to any pertinent medical report, copy of my medical records including the care and treatment of myself, showing history, examination, diagnosis, treatment, prognosis, etc.

My employment is contingent upon satisfactory completion of the physical examination. I also understand that International Cruise shops, a subsidiary of Starboard Cruise Services, will not be responsible for any medical expenses incurred for a pre-existing condition. I authorize my physician and /or the medical facility performing the physical examination to provide results regarding my medical history and physical examinations status as it applies to the requirements of the job I have applied for.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Applicant Name**HOSPITAL AND DOCTOR’S AUTHORIZATION

# RE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Name of Employee)

Please be advised that I hereby request and authorize you to furnish **Starboard Cruise Services Inc. and/or U.S. Maritime Consultants, Inc.**

( X ) Your Medical Report and copy of your bill

( X ) A photostatic copy of your Medical Records and copy of your bill.

Pertaining to my physical condition and the care and treatment of myself, showing history, Examination, Diagnosis, Treatment, Prognosis, etc.

 This Request and Authorization is being furnished pursuant to \*Section 455.241, Florida Statutes Annotated.

 Your courtesy and cooperation in furnishing the above information to **Starboard Cruise Services, Inc. and/or U.S. Maritime Consultants, Inc.** will be greatly appreciated.

Yours very truly,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date – DD/MM/YYYY)

 \*455.241 F.S.A. patient records; copies of records to be furnished.

1. Any health care practitioner licensed pursuant to chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 464, chapter 466, or chapter 474 who makes a physical or mental examination of, or administers treatment to, any person shall, upon request of such person or his legal representative, furnish copies of all reports made of such examination or treatment, including X-rays. The furnishing of such copies shall not be conditioned upon payment of a disputed fee for services rendered.
2. Such records shall not be furnished to any person other than the patient or his legal representative, except upon written authorization of the patient. However, such records may be furnished without written authorization to any person, firm, or corporation which has procured or furnished such examination or treatment with the patient’s consent or when compulsory physical examination is made pursuant to Rule 1.360, Florida Rules of Civil Procedure, in which case copies of the medical record shall be furnished to both the defendant and the plaintiff.

**INTERNATIONAL CRUISE SHOPS**

**Uniform Measurements – Male Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **SKU** | **Description** | **Size** | **Check Size** |
|  | 581371 | Men's Blazer | 36R |   |
| 581389 | Men's Blazer | 38R |   |
| 581397 | Men's Blazer | 40R |   |
| 581405 | Men's Blazer | 42R |   |
| 581413 | Men's Blazer | 44R |   |
| 581421 | Men's Blazer | 46R |   |
| 581439 | Men's Blazer | 48R |   |
| **Men’s Blazer x 1****$40 each** | 581447 | Men's Blazer | 38L |   |
| 581454 | Men's Blazer | 40L |   |
| 581462 | Men's Blazer | 42L |   |
| 581470 | Men's Blazer | 44L |   |
| 581488 | Men's Blazer | 46L |   |
| 581496 | Men's Blazer | 48L |   |
| 581504 | Men's Blazer | 50L |   |
|  |  | **Description** | **Waist** | **Check Size** |
| **Men's Trousers x 2****$20 each** | 581512 | Men's Trousers | 28 |   |
| 581520 | Men's Trousers | 30 |   |
| 581538 | Men's Trousers | 32 |   |
| 581546 | Men's Trousers | 34 |   |
|  | 581553 | Men's Trousers | 36 |   |
|  | 581561 | Men's Trousers | 38 |   |
|  | 581579 | Men's Trousers | 40 |   |
|  | 581587 | Men's Trousers | 42 |   |
|  |  | **Description** | **Collar** | **Sleeve** | **Check Size** |
| **Men's Dress Shirt x 2** | 581595 | Men's Dress Shirt | 15 | 32/33 |   |
| 581603 | Men's Dress Shirt | 15 | 34/35 |   |
| 581611 | Men's Dress Shirt | 15.5 | 32/33 |   |
| 581629 | Men's Dress Shirt | 15.5 | 34/35 |   |
| 581637 | Men's Dress Shirt | 16 | 32/33 |   |
| 581645 | Men's Dress Shirt | 16 | 34/35 |   |
| **$10 each** | 581652 | Men's Dress Shirt | 16.5 | 32/33 |   |
| 581660 | Men's Dress Shirt | 16.5 | 34/35 |   |
| 581678 | Men's Dress Shirt | 17 | 32/33 |   |
| 581686 | Men's Dress Shirt | 17 | 34/35 |   |
| 581694 | Men's Dress Shirt | 17.5 | 32/33 |   |
| 581702 | Men's Dress Shirt | 18 | 34/35 |   |
|  |  |  |  |  |  |

**INTERNATIONAL CRUISE SHOPS**

**Uniform Measurements – Female Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Garment / Quantity Issued** | **SKU** | **Description** | **Size** | **Check Size** |
|  |  |  |  |  |
| 581009 | Ladies Blazer | 2 |   |
| 581017 | Ladies Blazer | 4 |   |
| 581025 | Ladies Blazer | 6 |   |
| 581033 | Ladies Blazer | 8 |   |
| 581041 | Ladies Blazer | 10 |   |
| **$40.00**  | 581058 | Ladies Blazer | 12 |   |
| 581066 | Ladies Blazer | 14 |   |
| 581074 | Ladies Blazer | 16 |   |
| 581082 | Ladies Blazer | 18 |   |
| 581090 | Ladies Blazer | 20 |   |
| 581108 | Ladies Blazer | 22 |   |
| 1795251 | Ladies Blazer | 24 |   |
| **Garment / Quantity Issued** | **SKU** | **Description** | **Size** | **Check Size** |
| **Ladies Skirt x 1** | 1795269 | Ladies Skirt | 0 |  |
| 581116 | Ladies Skirt | 2 |   |
| 581124 | Ladies Skirt | 4 |   |
| 581132 | Ladies Skirt | 6 |   |
| 581140 | Ladies Skirt | 8 |   |
| 581157 | Ladies Skirt | 10 |   |
| 581165 | Ladies Skirt | 12 |   |
| **$20.00**  | 581173 | Ladies Skirt | 14 |   |
| 581181 | Ladies Skirt | 16 |   |
| 581199 | Ladies Skirt | 18 |   |
| 581207 | Ladies Skirt | 20 |   |
| 1795277 | Ladies Skirt | 22 |   |
| 1795285 | Ladies Skirt | 24 |   |
| **Garment / Quantity Issued** | **SKU** | **Description** | **Size** | **Check Size** |
| **Ladies Pant x 1** | 1795293 | Ladies Pant | 0 |  |
| 581215 | Ladies Pant | 2 |   |
| 581223 | Ladies Pant | 4 |   |
| 581231 | Ladies Pant | 6 |   |
| 581249 | Ladies Pant | 8 |   |
| 581256 | Ladies Pant | 10 |   |
| 581264 | Ladies Pant | 12 |   |
| **$20.00**  | 581272 | Ladies Pant | 14 |   |
| 581280 | Ladies Pant | 16 |   |
| 581298 | Ladies Pant | 18 |   |
| 1795301 | Ladies Pant | 20 |   |
| 581306 | Ladies Pant | 22 |   |
| 581314 | Ladies Pant | 24 |   |
| **Garment / Quantity Issued** | **SKU** | **Description** | **Size** | **Check Size** |
| **Ladies 3/4 Sleeve Blouse x 2** | 581322 | Ladies 3/4 Sleeve Blouse | XS |   |
| 581330 | Ladies 3/4 Sleeve Blouse | S |   |
| 581348 | Ladies 3/4 Sleeve Blouse | M |   |
| **$10.00 each** | 1856855 | Ladies 3/4 Sleeve Blouse | L |   |
| 581363 | Ladies 3/4 Sleeve Blouse | XL |   |



ACKNOWLEDGEMENT OF COMPENSATION

My signature below confirms acknowledgement and acceptance of the following compensation structure while in the role of Sales Associate with Starboard Cruise Services, Inc.:

* **$500 per month – Base Pay**
* **Pay increases at the beginning of each new contract dependent upon your performance rating.**
* **Commission rate = 1.25% of sales split evenly between the team if sales meet budget**
* **Commission rate = 1.5% of sales split evenly between the team if sales exceed budget**
* **Sales Associate Commission = Average $500-$700 per month**
* **Commission is deposited directly into your OceanPay account**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**EMPLOYMENT&PERSONAL REFERENCE CHECKS**

|  |
| --- |
| **Date:** |

**Employment Background:**

**Employer 1 (Most recent employer):**

|  |  |  |
| --- | --- | --- |
| Candidate Name: | Employer: | Telephone: |
| Position Held: | From: To:  | Salary:  |

**Performance: Use a rating scale from 1 to 3 with 1poor, 2 fair, and 3 Excellent. If a rating of less than 3 is obtained, please note details associated with same.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reliability | Organized | Time Management | Attendance | Reason for Leaving   |

**Comments: Detail any comments shared by the referencing party:**

|  |
| --- |
|  |

 **Employer 2 (Next most recent employer):**

|  |  |  |
| --- | --- | --- |
| Candidate name: | Employer: | Telephone: |
| Position Held: | From: To:  | Salary:  |

**Performance: Use a rating scale from 1 to 3 with 1poor, 2 fair, and 3 Excellent. If a rating of less than 3 is obtained, please note details associated with same.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reliability | Organized | Time Management | Attendance | Reason for Leaving   |

**Comments: Detail any comments shared by the referencing party:**

|  |
| --- |
|  |

**Personal Reference 1:**

|  |  |  |
| --- | --- | --- |
| Name: | Telephone: | Relationship: |
| Year Known:2 | Comments: |

**Personal Reference 2:**

|  |  |  |
| --- | --- | --- |
| Name: | Telephone: | Relationship: |
| Year Known: | Comments: |

**SeaLand Comments:**

|  |
| --- |
|   |

**SeaLand office Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**