



CAPTIVA CRUISES

11401 ANDY ROSSE LANE, PO BOX 580

CAPTIVA ISLAND, FL 33924

www.captivacruises.com

Application For Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Today's Date: _____

I. Personal Information

Name: _____
Last First Middle

Home Address _____
City State Zip Code

Email Address _____

Social Security Number _____
Telephone: Mobile _____
Telephone: Home _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record?
Please Specify: _____

2. Have you ever been subject to a Department of Transportation drug testing program? Or any other random drug testing program?

3. How were you referred to Captiva Cruises, Inc.? _____

4. Have you ever been convicted of a felony? Yes No If yes, please explain:

II. Educational History

School Name/Location Years Completed Degree/Diploma

Elem/Jr. High _____

High School _____

College _____

Tech. Training _____

Other _____

III. Employment Record *Please include all employment for the last five years.*

1. _____
Company Name (Current/Most Recent Employer) Position Held _____
_____ Dates Employed: _____
Address From To
_____ Manager / Supervisor Telephone Wage/Salary _____
Reason For Leaving _____

2. _____
Company Name Position Held _____
_____ Dates Employed: _____
Address From To
_____ Manager / Supervisor Telephone Wage/Salary _____
Reason For Leaving _____

3. _____
Company Name Position Held _____
_____ Dates Employed: _____
Address From To
_____ Manager / Supervisor Telephone Wage/Salary _____
Reason For Leaving _____

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name) Reason _____

(Employer's Name) Reason _____

IV. References *Please do not include relatives or former employers.*

1. _____
Name Years Known _____
_____ Telephone _____
Address _____
Occupation _____

2. _____
Name Years Known _____
_____ Telephone _____
Address _____
Occupation _____

3. _____
Name Years Known _____
_____ Telephone _____
Address _____
Occupation _____

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work? _____
2. Do you have any objection to working overtime? () Yes () No
3. Can you work overtime without prior notice? () Yes () No
4. Can you work on Saturday? () Yes () No
5. Can you work on Sunday? () Yes () No

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

In Case of Emergency Notify:

Name	Address	Phone#
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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date: _____

Remarks: _____

Neatness: _____ Ability: _____

Hired Date: _____ Position: _____ Salary/Wages: _____

Approved by: _____ Title: _____