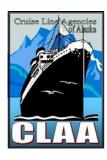
## **Cruise Line Agencies of Alaska Southeast**

**Employment Application** 

An equal opportunity employer



| APPLICANT INFORMATION                       |     |                      |  |  |  |   |        |                    |   |              |      |                  |    |     |      |  |  |  |  |  |  |
|---|-----|----------------------|--|--|--|---|--------|--------------------|---|--------------|------|------------------|----|-----|------|--|--|--|--|--|--|
| Last Name                                   |     |                      |  |  |  |   |        | First              |   |              |      | M.I              | l. |     | Date |  |  |  |  |  |  |
| Street                                      |     |                      |  |  |  |   |        |                    |   |              |      | Apartment/Unit # |    |     |      |  |  |  |  |  |  |
| Address                                     |     |                      |  |  |  |   |        |                    |   |              |      |                  |    |     |      |  |  |  |  |  |  |
| City  |     |                      |  |  |  |   |        | State              |   |              |      |                  |    | ZIF | )    |  |  |  |  |  |  |
| Phone                                       |     |                      |  |  |  |   |        | E-mail<br>Addres   | SS  |              |      |                  |    |     |      |  |  |  |  |  |  |
| Date Available For Work                     |     |                      |  |  |  |   | Desire | d Salary           |   |              |      |                  |    |     |      |  |  |  |  |  |  |
| Position Applied for                        |     |                      |  |  |  |   |        |                    |   |              |      |                  |    |     |      |  |  |  |  |  |  |
| Are you a citizen of the United States? YES |     |                      |  |  |  | Ν | 10 🗌   | If no, a<br>U.S.?  | If no, are you authorized to work in the U.S.? $\square$ NO |              |      |                  |    |     | ) [  |  |  |  |  |  |  |
| Have you ever worked for this company?      |     |                      |  |  |  | N | 10 🗆   | If so, v           | vhen  | 1?           |      |                  |    |     |      |  |  |  |  |  |  |
| Have you ever been convicted of a felony?   |     |                      |  |  |  | N | 10 🗌   | If yes,<br>explair | l   |              |      |                  |    |     |      |  |  |  |  |  |  |
| EDUCA.                                      | TIO | N                    |  |  |  |   |        |                    |   |              |      | ,                |    |     |      |  |  |  |  |  |  |
| High<br>School                              |     |                      |  |  |  |   |        | А                  | Address   |              |      |                  |    |     |      |  |  |  |  |  |  |
| From  |     | To Did you graduate? |  |  |  | Υ | ES 🗌   | NO [               | NO 🗆  |              |      |                  |    |     |      |  |  |  |  |  |  |
| Colleg<br>e                                 |     | 1 1                  |  |  |  |   | A      | Address            |   |              |      |                  |    |     |      |  |  |  |  |  |  |
| From  |     | To Did you graduate? |  |  |  |   | Υ      | 'ES 🗌              | NO [  | D Degree     |      |                  |    |     |      |  |  |  |  |  |  |
| Other                                       |     |                      |  |  |  |   |        | А                  | Address   |              |      |                  |    |     |      |  |  |  |  |  |  |
| From  |     | To Did you graduate? |  |  |  |   | Υ      | 'ES 🗌              | NO [  | ]   D        | Degi | ree              |    |     |      |  |  |  |  |  |  |
| SPECIAL TRAINING/LICENSES                   |     |                      |  |  |  |   |        |                    |   |              |      |                  |    |     |      |  |  |  |  |  |  |
| Subject of Special Study                    |     |                      |  |  |  |   |        |                    |   |              |      |                  |    |     |      |  |  |  |  |  |  |
| Licenses                                    |     |                      |  |  |  |   |        |                    |   |              |      |                  |    |     |      |  |  |  |  |  |  |
| REFERENCES                                  |     |                      |  |  |  |   |        |                    |   |              |      |                  |    |     |      |  |  |  |  |  |  |
| Please list three professional references.  |     |                      |  |  |  |   |        |                    |   |              |      |                  |    |     |      |  |  |  |  |  |  |
| Full Nam                                    |     |                      |  |  |  |   |        | Relation           |   |              |      | ship             |    |     |      |  |  |  |  |  |  |
| Compan                                      |     | 1                    |  |  |  |   |        |                    |   |              | Phon | ne               |    |     |      |  |  |  |  |  |  |
| Address                                     |     |                      |  |  |  |   |        |                    |   |              |      |                  |    |     |      |  |  |  |  |  |  |
| Full Name                                   |     |                      |  |  |  |   |        |                    | Relationship  |              |      |                  |    |     |      |  |  |  |  |  |  |
| Company                                     |     |                      |  |  |  |   |        |                    |   | Phon         | ne   |                  |    |     |      |  |  |  |  |  |  |
| Address                                     |     |                      |  |  |  |   |        |                    |   |              |      |                  |    |     |      |  |  |  |  |  |  |
| Full Nam                                    |     |                      |  |  |  |   |        |                    |   | Relationship |      |                  |    |     |      |  |  |  |  |  |  |
| Compan                                      |     |                      |  |  |  |   |        |                    |   | Phon         | ie   |                  |    |     |      |  |  |  |  |  |  |
| Address                                     |     |                      |  |  |  |   |        |                    |   |              |      |                  |    |     |      |  |  |  |  |  |  |

| PREVIOUS EMPLOY  | MENT  |   |  |  |   |  |                                     |  |                             |  |
|--|---|---|--|--|---|--|-------------------------------------|--|-----------------------------|--|
| Company  |   |   | Phone  |  |   |  |                                     |  |                             |  |
| Address  |   |   | Supervisor   |  |   |  |                                     |  |                             |  |
| Job Title  |   |   | \$   | Ending<br>Salary   |   | \$   |                                     |  |                             |  |
| Responsibilities   |   |   |  |  |   |  |                                     |  |                             |  |
| From To  |   | Reason for Leavi  | ng   |  |   |  |                                     |  |                             |  |
| May we contact your preference?  | previous su   | pervisor for a  | NO 🗆   |  |   |  |                                     |  |                             |  |
| Company  |   |   | Phone  |  |   |  |                                     |  |                             |  |
| Address Supervisor   |   |   |  |  |   |  |                                     |  |                             |  |
| Job Title  |   | Starting<br>Salary  | \$   | Ending \$ Salary   |   |  |                                     |  |                             |  |
| Responsibilities   |   |   |  |  |   |  |                                     |  |                             |  |
| From To  |   | Reason for Leavi  | ng   |  |   |  |                                     |  |                             |  |
| May we contact your preference?  | previous su   | pervisor for a  | YES  | NO 🗌   |   |  |                                     |  |                             |  |
| Company  |   |   | Phone  |  |   |  |                                     |  |                             |  |
| Address  |   |   | Supervisor   |  |   |  |                                     |  |                             |  |
| Job Title  |   |   | Starting<br>Salary   | \$   |   | Ending<br>Salary                                     |                                     | \$   |                             |  |
| Responsibilities   |   |   |  |  |   |  |                                     |  |                             |  |
|  |   |   |  |  |   |  |                                     |  |                             |  |
| From To  |   | Reason for Leavi  | ng   |  |   |  |                                     |  |                             |  |
| From To  May we contact your p   | previous su   |   |  | YES  |   |  |                                     |  | NO 🗌                        |  |
|  | ·   |   |  | YES 🗌  |   |  |                                     |  | NO 🗆                        |  |
| May we contact your p  | ·   |   |  | YES 🗆  | From  |  | То                                  |  | NO 🗌                        |  |
| May we contact your p  | ·   |   |  | YES  |   | of Dischar   |                                     |  | NO 🗆                        |  |
| May we contact your p MILITARY SERVICE Branch  |   |   |  | YES  |   | of Dischar   |                                     |  | NO 🗆                        |  |
| May we contact your p MILITARY SERVICE Branch Rank at Discharge  | le, explain   |   |  | YES  |   | of Dischar   |                                     |  | NO 🗆                        |  |
| May we contact your p MILITARY SERVICE Branch Rank at Discharge If other than honorable  | le, explain   |   |  | YES  |   | of Dischar   |                                     |  | NO                          |  |
| May we contact your p MILITARY SERVICE Branch Rank at Discharge If other than honorable EMERGENCY CONTA  | le, explain   |   |  | YES  |   |  |                                     |  | NO                          |  |
| May we contact your posterior of the | le, explain<br>ACT  | ipervisor for a refe  | erence?  |  |   |  |                                     |  | NO .                        |  |
| May we contact your posterior in the | le, explain ACT SIGNATUR wers are tru   | ppervisor for a refe  | o the best of m  | y knowledge.   | Type o  | Phone  | ge                                  |  |                             |  |
| May we contact your posterior of the | le, explain ACT  SIGNATUR wers are tru  | ppervisor for a refe  | o the best of m  | y knowledge.   | Type o  | Phone  | ge                                  | ation or inte  |                             |  |
| May we contact your posterior in the | le, explain ACT  SIGNATUR Wers are tru Is to employase. on of all sta   | RE ue and complete to yment, I understa atements containe ous employment a  | o the best of mand that false of the derein and that any pertine   | y knowledge.  misleading ir ne references nt informatior   | Type of   | Phone ion in my                                      | applicative you                     | u any and al   | erview                      |  |
| May we contact your posterior information concerning   | le, explain ACT  SIGNATUR Wers are tru Is to employ ase. on of all sta g my previous nage that n ee that, if h                          | RE ue and complete to yment, I understa atements containe ous employment a nay result from fur ired, my employm   | o the best of mend that false of the derein and that any pertinernishing same then is for no defend the formula to the tent is for no defend the tent is for no defendation. | y knowledge.  misleading ir  ne references nt information o you. efinite period                      | Type of the state | Phone ion in my bove to ginay have, y, regardl       | applicative you and re              | u any and al<br>elease all pa                                | erview I rties from         |  |
| May we contact your particles  Branch  Rank at Discharge  If other than honorable  EMERGENCY CONTANAME  Address  DISCLAIMER AND S  "I certify that my answ If this application lead may result in my relead information concerning all liability for any dam I understand and agrees   | le, explain ACT  SIGNATUR Wers are tru Is to employ ase. on of all sta g my previous nage that n ee that, if h ry, be term ise Line Age | RE ue and complete to yment, I understa atements containe ous employment a nay result from fur inired, my employminated at any time encies of Alaska, S | o the best of mand that false of the dany pertinernishing same the mishing same the without prior southeast particles.   | y knowledge.  misleading in  e references  nt information  o you.  efinite period a  notice and with | Type of the state | Phone  ion in my bove to ginay have, y, regardlause. | applicative you and recess of       | u any and all<br>elease all pa<br>the date of<br>ree work en | erview I rties from payment |  |
| May we contact your particles  Branch  Rank at Discharge  If other than honorable  EMERGENCY CONTANAME  Address  DISCLAIMER AND S  "I certify that my answ If this application lead may result in my release I authorize investigation information concerning all liability for any dam I understand and agree of my wages and salar I understand that Crui  | le, explain ACT  SIGNATUR Wers are tru Is to employ ase. on of all sta g my previous nage that n ee that, if h ry, be term ise Line Age | RE ue and complete to yment, I understa atements containe ous employment a nay result from fur inired, my employminated at any time encies of Alaska, S | o the best of mand that false of the dany pertinernishing same the mishing same the without prior southeast particles.   | y knowledge.  misleading in  e references  nt information  o you.  efinite period a  notice and with | Type of the state | Phone  ion in my bove to ginay have, y, regardlause. | applicative you and reserved ess of | u any and all<br>elease all pa<br>the date of<br>ree work en | erview I rties from payment |  |

| TEMPORARY EMPLOYMENT QUESTIONNAIRE                       |        |      |                    |  |  |  |  |  |  |
|--|--------|------|--------------------|--|--|--|--|--|--|
| DATES AVAILABLE FOR WORK                                 | START: | END: |                    |  |  |  |  |  |  |
| Do you have a current driver's license?                  | □ Yes  | □ No |                    |  |  |  |  |  |  |
| Do you have a commercial driver's license?               | □ Yes  | □ No |                    |  |  |  |  |  |  |
| Has your license ever been revoked?                      | □ Yes  | □ No |                    |  |  |  |  |  |  |
| Can you list 50 lbs. off the floor?                      | □ Yes  | □ No |                    |  |  |  |  |  |  |
| Are you bondable?  | □ Yes  | □ No |                    |  |  |  |  |  |  |
| Do you have transportation to and from work at any hour? | □ Yes  | □ No |                    |  |  |  |  |  |  |
| Are you willing to work overtime, including weekends?    | □ Yes  | □ No |                    |  |  |  |  |  |  |
| Are you able to use gangways and stairs unaided?         | □ Yes  | □ No |                    |  |  |  |  |  |  |
| Do you speak any foreign languages?                      | □ Yes  | □ No | Which Language(s): |  |  |  |  |  |  |
| EQUIPMENT EXPERIENCE                                     |        |      |                    |  |  |  |  |  |  |
| Automobiles: Manual Transmission                         | □ Yes  | □ No |                    |  |  |  |  |  |  |
| Automobiles: Trucks/Vans                                 | □ Yes  | □ No |                    |  |  |  |  |  |  |
| VHF Radios   | □ Yes  | □ No |                    |  |  |  |  |  |  |
| Other  |        |      |                    |  |  |  |  |  |  |
| OFFICE SKILLS  |        |      |                    |  |  |  |  |  |  |
| Copy Machine   | □ Yes  | □ No |                    |  |  |  |  |  |  |
| Fax Machine  | □ Yes  | □ No |                    |  |  |  |  |  |  |
| Answering Phones   | □ Yes  | □ No |                    |  |  |  |  |  |  |
| Microsoft Office   | □ Yes  | □ No |                    |  |  |  |  |  |  |
| Data Entry   | □ Yes  | □ No |                    |  |  |  |  |  |  |
| Other  |        |      |                    |  |  |  |  |  |  |