



# Cruise Line Agencies of Alaska Southeast

Employment Application

An equal opportunity employer

APPLICANT INFORMATION													
Last Name				First				M.I.		Date			
Street Address						Apartment/Unit #							
City				State				ZIP					
Phone				E-mail Address									
Date Available For Work				Desired Salary									
Position Applied for													
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION													
High School				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>					
College				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
SPECIAL TRAINING/LICENSES													
Subject of Special Study													
Licenses													
REFERENCES													
<i>Please list three professional references.</i>													
Full Name				Relationship									
Company				Phone									
Address													
Full Name				Relationship									
Company				Phone									
Address													
Full Name				Relationship									
Company				Phone									
Address													

<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>MILITARY SERVICE</b>			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
<b>EMERGENCY CONTACT</b>			
Name			Phone
Address			
<b>DISCLAIMER AND SIGNATURE</b>			
<p>"I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p> <p>I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.</p> <p>I understand and agree that, if hired, 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 prior notice and without cause.</p> <p>I understand that Cruise Line Agencies of Alaska, Southeast participates in a drug/alcohol/marijuana free work environment, and that I may be required to undergo drug testing. I agree to undergo said test if required to do so."</p>			
Signature			Date

## TEMPORARY EMPLOYMENT QUESTIONNAIRE

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