

CAT P PALU CRUISES EMPLOYMENT APPLICATION

3700 Hacienda Blvd, Suite G, Davie, FL 33314—954.734.7111 -- fax 954.321.6582 : www.catppalu.com email: ws@catppalu.com

Last Name	First	Middle	Social Security number
Street Address			Home Telephone
City, State, Zip, Country			Business\cell Telephone
E-mail address, if you have			Today's Date
List your hobbies or interests			Birth Date
Position Desired (select all you would be interested in) <input type="checkbox"/> Cook (able to cook for 15 people) <input type="checkbox"/> Dive Instructor, (current and insured) <input type="checkbox"/> Engineer (mechanically inclined)			Date you are Available to work
In case of emergency notify	Name	Street Address	City State Zip Phone #

EDUCATION

School	Name & Location of School	Course of Study	Number of years completed	Did You Graduate?	Degree
High School					
Trade/Technical					
College					
Graduate					

REFERENCES – List below the names of three persons not related to you, whom you have known for one year

NAME	ADDRESS	BUSINESS	YEARS KNOWN	PHONE #

PLEASE ATTACH A RECENT PHOTO

JOB HISTORY – Please list the last 5 jobs. Please fill out even if the information is on your resume

1)

Company Name			Telephone
Address			Employed (state month & year)
Name of Supervisor	May we contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Weekly Pay
State Job Title & Describe your work		Reason For Leaving	

2)

Company Name			Telephone
Address			Employed (state month & year)
Name of Supervisor	May we contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Weekly Pay
State Job Title & Describe your work		Reason For Leaving	

3)

Company Name			Telephone
Address			Employed (state month & year)
Name of Supervisor	May we contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Weekly Pay
State Job Title & Describe your work		Reason For Leaving	

4)

Company Name			Telephone
Address			Employed (state month & year)
Name of Supervisor	May we contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Weekly Pay
State Job Title & Describe your work		Reason For Leaving	

5)

Company Name			Telephone
Address			Employed (state month & year)
Name of Supervisor	May we contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Weekly Pay
State Job Title & Describe your work		Reason For Leaving	

Marital Status (circle or 'X' one)						Date of Marriage
Single	Engaged	Married	Separated	Divorced	Widowed	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Previous Address					How Long at previous address?	
Street		City		State	Zip	
Present Address					How Long at Present Address?	
Street		City		State	Zip	
Sex (circle or 'X' one)						Number of Dependents, including yourself
Male	Female	Are you a U.S. Citizen?		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
Are you a scuba diver? If yes, what level (it isn't a requirement for employment)						
Yes	No	Scuba diving level				
<input type="checkbox"/>	<input type="checkbox"/>					
Have you ever been convicted of a crime in the past ten years? If yes, describe in full						
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
Have you received Workers Compensation of Disability income payments/ If yes, explain						
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
Do you have any physical condition that might limit your ability to perform the job for which you are applying? If yes, explain the condition and how you can perform the job in spite of it.						
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
Have you had a major illness in the pas 5 years/ If yes, please describe						
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
Do you speak any foreign languages fluently? If so, which ones?						
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
Do you have any mechanical abilities or are you mechanically inclined? If yes, please elaborate						
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
Do you have any special training or skills? If yes, please describe						
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
Did you serve in the military? If yes, list the branch, rank, and describe any training that might be relevant to the position for which you are applying?						
Yes	No	From (M/Y)		To (M/Y)		
<input type="checkbox"/>	<input type="checkbox"/>					

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature

Send Recent Photo with your resume.