

**APPLICATION FOR EMPLOYMENT
SHIPBOARD**

GENERAL INFORMATION

Name: _____ Social Security No: _____
 (LAST) (FIRST) (MIDDLE)

Address: _____
 (CITY) (STATE) (ZIP) HOW LONG?

Telephone: Day: () _____ Evening () _____
 Other () _____

Position(s) Applied for: _____

Email Address: _____

How did you learn about us? Carnival Website Job Board _____ School _____
 Name Name

Advertisement _____ Agency/Service _____ Carnival Employee _____ Other _____
 Name Name Name

Are you at least 18 years of age? Yes No

Are you legally eligible to work in the United States? Yes No
 (Proof of eligibility will be required upon acceptance of employment)

Are you subject to a non-compete agreement with another employer? Yes No

If yes, please explain _____

Are you related to any Carnival Cruise Lines, Carnival Corporation or Carnival plc employee by blood or marriage? Yes No

If yes, please give name, relationship, job title and name of Carnival Company _____

If you are presently employed, may we contact employer? Yes No

Have you ever filed an application with us before? Yes No

If yes, please give date and position applied for _____

Have you ever been employed by us before? Yes No

If yes, please give dates of employment: From _____ to _____
 mth/yr mth/yr

Position _____

Have you ever been employed by any other entity within Carnival Corporation or Carnival plc? Yes No

Have you ever been convicted, had adjudication withheld, or pled no contest (nolo contendere) Yes No

for other than a minor traffic violation, (e.g. speeding, parking, etc.) ? If yes, please provide details _____

(NOTE: A conviction will not necessarily disqualify you).

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain _____

On October 17, 1986 Congress passed the Immigration Reform and Control Act of 1986. This Act makes it a violation for an employer to hire an individual without following certain verification and record-keeping requirements. Employers must verify an applicant's identity and work authorization. All applicants must provide documents which will establish his/her identity and employment authorization.

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

EDUCATION

NAME	ADDRESS	PHONE NUMBER	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL					MAJOR _____ AVG. _____
COLLEGE					MAJOR _____ MINOR _____ DEGREE _____ AVG. _____
GRADUATE SCHOOL					MAJOR _____ MINOR _____ DEGREE _____ AVG. _____
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL					

EMPLOYMENT RECORD

Please complete this section even if you include a resume

List all full, part-time and temporary jobs held, beginning with the most recent. Ask for additional forms if necessary. **Please explain all periods of unemployment.** Under "job description," briefly explain duties, responsibilities and number of people supervised.

1	PRESENT OR MOST RECENT EMPLOYER	FROM MONTH/YEAR	TO MONTH/YEAR	JOB DESCRIPTION	
		/	/		
	ADDRESS	REASON FOR LEAVING OR CONSIDERING LEAVING (PLEASE EXPLAIN)			
	CITY, STATE, ZIP	TELEPHONE			
	JOB TITLE - START	STARTING SALARY _____ per _____		SUPERVISOR'S NAME	
JOB TITLE - PRESENT OR AT TERMINATION	PRESENT/TERMINATION SALARY _____ per _____		TITLE	PHONE NO. ()	

2	EMPLOYER PRIOR TO NUMBER 1	FROM MONTH/YEAR	TO MONTH/YEAR	JOB DESCRIPTION	
		/	/		
	ADDRESS	REASON FOR LEAVING (PLEASE EXPLAIN)			
	CITY, STATE, ZIP	TELEPHONE			
	JOB TITLE - START	STARTING SALARY _____ per _____		SUPERVISOR'S NAME	
JOB TITLE AT TERMINATION	TERMINATION SALARY _____ per _____		TITLE	PHONE NO. ()	

3	EMPLOYER PRIOR TO NUMBER 2	FROM MONTH/YEAR	TO MONTH/YEAR	JOB DESCRIPTION	
		/	/		
	ADDRESS	REASON FOR LEAVING (PLEASE EXPLAIN)			
	CITY, STATE, ZIP	TELEPHONE			
	JOB TITLE - START	STARTING SALARY _____ per _____		SUPERVISOR'S NAME	
JOB TITLE AT TERMINATION	TERMINATION SALARY _____ per _____		TITLE	PHONE NO. ()	

4	EMPLOYER PRIOR TO NUMBER 3	FROM MONTH/YEAR	TO MONTH/YEAR	JOB DESCRIPTION	
		/	/		
	ADDRESS	REASON FOR LEAVING (PLEASE EXPLAIN)			
	CITY, STATE, ZIP	TELEPHONE			
	JOB TITLE - START	STARTING SALARY _____ per _____		SUPERVISOR'S NAME	
JOB TITLE AT TERMINATION	TERMINATION SALARY _____ per _____		TITLE	PHONE NO. ()	

If known by other names at any of the employers listed above, please list those names and at which companies:

AVAILABILITY/POSITION QUALIFICATIONS

Please provide the names of any organizations or professional groups of which you are a member which has any direct bearing on your qualifications for the position you are seeking:

Please list any other experience, skills or other qualifications including classes, seminars or hobbies, which you believe should be considered in evaluating your qualifications for employment.

RESIDENCE HISTORY

Present and Previous for the Past (7) Years

From Month/Year	To Month/Year	COMPLETE ADDRESS	State	Zip
/	/		State	Zip
/	/		State	Zip
/	/		State	Zip
/	/		State	Zip

Continued on separate sheet Yes No

PLEASE READ AND SIGN STATEMENT BELOW

If employed, I understand that as a condition of employment I will be required to provide proof of U.S. Citizenship, U.S. permanent residency or authorization to work in the U.S. and personal identification. _____ (initials)

I certify that all the information given in this employment application, related employment papers and oral interviews is true and correct. I understand that falsification of any information given or other derogatory information discovered as a result of this investigation is grounds for disqualification from further consideration and may subject me to immediate dismissal. I hereby authorize Carnival to investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Carnival any and all letter, reports and other information related to my work records, without giving me prior notice of such disclosure. I understand that Carnival may acquire, either before I am hired or at any time during my employment, a consumer report, a consumer credit report and/or an investigative consumer report about me which may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, that may be used, in whole or in part, to serve as factor in establishing my eligibility for employment and/or continuing employment. I hereby authorize Carnival to obtain such reports(s) and I agree to cooperate with such an investigation by providing any further written authorization and/or information that Carnival deems necessary in connection with obtaining such report(s). In addition, I hereby release Carnival, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
_____ (initials)

I hereby consent as a condition of employment to perform a drug test. In agreeing to this, I understand that if I fail the post job offer drug test, Carnival may withdraw my employment offer. _____ (initials)

(PRINT) FULL NAME	
SIGNATURE	DATE:

Thank you for your interest and the time taken to prepare this application.

