

Placing marine personnel since 1987

| Suite #720-999 West Broadway, | Vancouver, B.C. V5Z 1K5 | Telephone : 604 689 5713 | Fax : 604 689 2662 | Email: crews@telus.net |
|--|---|---------------------------------|---------------------------|------------------------|
| Cruise Ship Employe | ee Application Fo | rm | | |
| Step 1: General Applicants com Step 2: Print and Fax complete | nplete pages 1-2 only; Deck d form to 604 689 2662 | Officers and Engineers complet | te all pages. | |
| Position(s) applying for _ | | | | |
| A. Availability | | | | |
| Dates available | | | | |
| B. Contact Information | | | | |
| Last Name | First Nam | ne | Middle Name | |
| Home Address | City | | Province/State | |
| Postal/Zip Code | Country | | | |
| Home Phone | Mobile Ph | ione | Fax Nu | umber |
| Email Address | | | | |
| C. Employment History | | | | |
| Company | Position | Start Date (mm/ | 'yy) End [| Date (mm/yy) |
| | | | | |

| D. Education | | | | | |
|---|---------------------------------------|---------------------|-----------------------|------------------|--|
| Please list any post secondary education, including courses and certificates relevant to your profession. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| E. General Qu | estions | | | | |
| Have you trave | led outside Canada before | e? | | | |
| Are you able to | be away for up to 6 mon | ths at a time? | S No | | |
| Please list all la | nguages you are fluent in | 1: | | | |
| Have you been If yes, please s | employed on a cruise shipecify below: | p before? | ∏ No | | |
| Company | Rank ship Vesse | el Type Engine Type | HP Start Date (mm/yy) | End Date (mm/yy) | |
| | | | | | |
| | | | | | |
| | | | | | |
| Please list any re | elevant experience: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| F. References | | | | | |
| Name | | Company | Tele | Telephone | |
| Name | | Company | Tele | Telephone | |

| G. Iraining & Certification (to be completed only by Deck Officer and Engineer applicants) | | | | | | | |
|--|-------------|-------------|--|--|--|--|--|
| Do you have a Certificate of Continued Proficiency? Yes No | | | | | | | |
| Certificate # | Date Issued | Expiry Date | | | | | |
| Endorsements | | | | | | | |
| GMDSS | Chemical | | | | | | |
| COW | Tanker | | | | | | |
| Gas | Other | | | | | | |