- Attach copies of:

 Passport (page with photo & number)

 Personal References (2)

 Passport Photograph (.jpg scan)

 Visa(s)

 Police Certificate

 Professional Certificates (see page 2)

EMPLOYMENT APPLICATION

ISLAND WINDJAMMERS, INC.

225 Shaw Drive, Acworth, GA 30102 Tel: 877.772.4549 Fax: .877.766.6502

РНОТО

Personal

Last Name			First	
Name:	MI:			
Date of Birth:	Sex: M	F	Home Phone:	
			_	
City:			_	
State:	Email Addr	ess:		
Zip/Post Code:				
Country/Island:				
	Telephone:			
Nationality:				
Passport Number:				
	Date of Issue:			
Height:Wei	ight: Eye Color:		Hair:	
Marital Status: Married	d Single Widow(ed) Divorce	d		
Number of Dependents:	D.O. Francischica dele			
valid visa(s) C1 D	B-2 Expiration date:		ovalaja	
Have you ever been depo	rted from the U.S.? YES NO I	t yes, please	explain:	
nave you ever been conv	icted of a crime? YES NO I	i yes, piease	ехріаіп	-
Education:				
_ducation.	Name &	Years	Date	Subjects
Level of Education	Location of School	Attended	Graduated	/Major
Grammar/Elementary	Location of ocnool	Allended	Graduated	/ Wajoi
Oraniman/Licinicinary				
High School				
riigii oolool				
College/University				
College/Offiversity				
Special Training:				
Knowledge of English				
0 0				
0 15 "		'' E' ''		
				Acceptable
Any other languages you	speak fluently?			
Positions Desired				
-OSITIONS DESILED				
1	2			
n	2 3 an Ocean Liner, Cruise Ship or Passenger v	Sala	rv expectations: \$	
Have you ever worked on	an Ocean Liner Cruise Ship or Descender V	Jaid V⊏0	пу ехресіанопі. ↓ С N∩)
If VES name of company	and position held:	coodi: IEC	D INU	
II I LO. HAIHE UI CUITDATIV	ana position neta.			

Emergency Contact			
Person to contact in an emergency Relationship to you:			_
Who referred you?			
Employment History			
Please state ALL jobs in	cluding ship or home (with most	recent first)	
Company name:	Phone:		
Name of Supervisor: Job title/Description of Work:	Salary		
Reason for leaving:			
Company name:	Employed from (data)	Phone:	
Address:Name of Supervisor:	Employed from (date): Salan/ \$	to (date) to S	
Job title/Description of Work			
Reason for leaving:			
Company name:Address:Name of Supervisor:		Phone:	
Address:	Employed from (date):	to (date)	
Name of Supervisor:	Salary \$	(2012)	U.S.
Job title/Description of Work			
Reason for leaving:			
The information in this application misstatement or omission of fact of abide by the conditions set forth in the effect from time to time.	on this application will result in	my dismissal. If employed	d, I agree to
Applicants signature:		Date:	
	ay be tested for competency befor STCW certificates (for the following co iques, 2) Fire Prevention and Fire Fig	ourses) to be considered for emp	oloyment: 1)

* This course was added to the new STCW-2010 training course, and is now a requirement for basic sea training.

□ Upon notification of an available position, Medical Examination and 5-panel drug screening will be required.

<u>Personal References</u> (attach 2 letters, with contact numbers)

□ Deckhand applicants must be able to drive a dinghy

■ You must be able to swim

and Social Responsibilities, and 5) Maritime Security Awareness*

☐ You must be able to read, write and understand the English language