



Main Office
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APPLICATION FOR EMPLOYMENT
(PLEASE PRINT CLEARLY)

DATE: _____

FOR OFFICE USE ONLY:
WORK LOCATION: _____ RATE: _____
POSITION: _____ DATE: _____

LAWS ENACTED BY THE FEDERAL GOVERNMENT AND BY MANY STATES PROHIBIT JOB DISCRIMINATION BASED UPON RACE, RELIGION, COLOR, NATIONAL ORIGIN, SEX, AGE, DISABILITY OR MARITAL STATUS, UNLESS BASED UPON A BONAFIED OCCUPATIONAL REQUIREMENT OR OTHER EXCEPTION.

NAME: Last First Middle Social Security #:
Address: Street City State Zip
Home: () Mobile: ()
Email: Date of Birth: / / Gender: Male Female
Languages: (Choose all that apply)
English Spanish Portuguese other (please specify)
POSITION APPLYING FOR: Rate of pay expected: \$
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? Yes No (If Yes, Verification will be required)
Desired Position: Full Time Part Time If part time, specify days and hours
Date Available for work:
Persons to be notified in case of accident or emergency:
Name Address Phone
Name Address Phone

FOR TAX PURPOSES ONLY

Are you: Married Single Divorced Separated Widowed

Number of dependents (including yourself): _____

Have you ever been convicted of a criminal offense? Yes No

(A conviction will not necessarily disqualify you for the job for which you are applying) - If yes, please describe:

Do you have any major illnesses or any allergies? Yes No

If yes, please describe:

Education (Circle last year **completed**)

High school 1 2 3 4 College 1 2 3 4

Other Education/ Professional/ Certificates/Training etc. Specify.

List below all present and past employment, beginning with **most recent**.

<u>NAME, ADDRESS, PHONE Number of Company</u> <u>Type of Business and Name of Supervisor</u>	<u>From:</u>	<u>Job Description: (Be detailed)</u>
	<u>To:</u>	
	<u>Starting Salary:</u>	<u>Reason For Leaving:</u>
	<u>Ending Salary:</u>	

<u>NAME, ADDRESS, PHONE Number of Company</u> <u>Type of Business and Name of Supervisor</u>	<u>From:</u>	<u>Job Description: (Be detailed)</u>
	<u>To:</u>	
	<u>Starting Salary:</u>	<u>Reason For Leaving:</u>
	<u>Ending Salary:</u>	

<u>NAME, ADDRESS, PHONE Number of Company</u> <u>Type of Business and Name of Supervisor</u>	<u>From:</u>	<u>Job Description: (Be detailed)</u>
	<u>To:</u>	
	<u>Starting Salary:</u>	<u>Reason For Leaving:</u>
	<u>Ending Salary:</u>	

May we contact the employers listed above? Yes No

Have you previously worked for Costamar Travel? Yes No If yes, when? _____

Personal References: (Non Relatives)

1) _____ (_____) _____
 Name Address Phone

2) _____ (_____) _____
 Name Address Phone

I certify that the information provided in this application of employment is true, correct and complete. I understand that it is against the law to provide false statements or use of false documents to obtain employment. I hereby authorize investigation of all statements contained in this application and resume, if provided. I understand that misrepresentation or omission of facts called for in this application or any other form that I provide, is cause for termination of employment without notice.

 Signature of Applicant

 Date