



385 E Swinford Street, Second Floor
 San Pedro, California 90731
 (310) 519-7971 • (310) 519-1212
 Administration • Reservations

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, or any other basis protected by law.

P E R S O N A L	Last Name		First	Middle	Date
	Street Address				Home Telephone Number ()
	City, State, Zip				Alternate Telephone Number ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been employed by Catalina Express? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Position _____				
	Position Desired				Pay Expected
	How did you hear of this opening? (if newspaper or agency, provide complete name)				When will you be available to begin work? _____ month / day / year
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		After employment, can you submit proof of identity and legal right to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Other <input type="checkbox"/> Seasonal
	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to legal work authorization.		Are you at least 21 years of age? (Cabin Attendant position ONLY) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the date your current semester or quarter ends: _____ month / day / year				

PLEASE INDICATE THE HOURS YOU ARE AVAILABLE TO WORK ON EACH OF THE FOLLOWING DAYS:						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

E D U C A T I O N	School	Name of School	Location of School	No. of Years Completed	Did You Graduate?	Degree or Diploma
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College-Undergraduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College-Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please give accurate, complete full-time and part-time employment record. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER.

E M P L O Y M E N T	1	Company Name			Telephone ()	
	Address			City	State	Zip
				Employed - (indicate month and year) From To		
	Name of Supervisor/Manager			Reason for Leaving		
	Title of Most Recent Position			Other Positions Held		
	2	Company Name			Telephone ()	
	Address			City	State	Zip
				Employed - (indicate month and year) From To		
	Name of Supervisor/Manager			Reason for Leaving		
	Title of Most Recent Position			Other Positions Held		
	3	Company Name			Telephone ()	
	Address			City	State	Zip
				Employed - (indicate month and year) From To		
	Name of Supervisor/Manager			Reason for Leaving		
	Title of Most Recent Position			Other Positions Held		
	4	Company Name			Telephone ()	
Address			City	State	Zip	
			Employed - (indicate month and year) From To			
Name of Supervisor/Manager			Reason for Leaving			
Title of Most Recent Position			Other Positions Held			

<p><i>We may contact the employers listed above unless you indicate those you do not want us to contact.</i></p>	<p style="text-align: center; font-weight: bold; font-size: 1.2em;">DO NOT CONTACT</p> <p>Employer Number _____ Reason _____</p> <p>Employer Number _____ Reason _____</p>
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M I L I T A R Y	<p>Did you serve in the U.S. Armed Forces?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Describe any training received in the MILITARY relevant to the position for which you are applying.</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>If "Yes", in what branch?</p>	

FOR ALL APPLICANTS

Do you speak any languages other than English? Yes No

If "yes" list languages: _____

FOR OFFICE APPLICANTS ONLY

**S
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Please check skills where applicable:

PC

WORD PROCESSING - Type: _____

FAX

SPREADSHEET - Type: _____

CALCULATOR

OTHER - Please list: _____

Approximate typing speed: _____ wpm. Last day tested: _____

FOR BOAT CREW ONLY

Type of Professional or Trade License: _____

License issued by: _____

**O
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R**

Have you ever worked under another name(s)? Yes No

If "yes", list name(s): _____

Do you have a valid Motor Vehicle License? Yes No (If required by job for which you are applying)

Are you able to perform the essential functions of the job for which you are applying? Yes No

If "no", please indicate any accommodation you wish the company to make: _____

I AUTHORIZE THE PERSONS, COMPANIES, SCHOOLS AND COLLEGES SHOWN ON MY EMPLOYMENT APPLICATION TO GIVE ANY INFORMATION REGARDING MY EMPLOYMENT AND ACADEMIC RECORDS, TOGETHER WITH ANY INFORMATION THEY MAY HAVE REGARDING ME WHETHER OR NOT IT IS IN THEIR RECORDS. I HEREBY RELEASE SAID COMPANIES, SCHOOLS OR PERSONS FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING THIS INFORMATION.

I HEREBY CERTIFY THAT ALL INFORMATION GIVEN TO YOUR COMPANY BY ME IS TRUE AND CORRECT WITHOUT INTENTIONAL OMISSIONS OF ANY KIND, AND I UNDERSTAND THAT GIVING FALSE OR MISLEADING INFORMATION MAY BE CONSIDERED SUFFICIENT CAUSE FOR IMMEDIATE DISMISSAL OR REFUSAL TO HIRE.

FOLLOWING AN OFFER OF EMPLOYMENT, BUT BEFORE BEGINNING WORK, I AGREE TO SUBMIT TO SUCH REASONABLE DRUG AND ALCOHOL TESTING AS CATALINA EXPRESS DEEMS REASONABLY NECESSARY AND IF I AM APPLYING FOR A POSITION ON THE BOAT CREW, OR ANY POSITION SUBJECT TO DEPARTMENT OF TRANSPORTATION ("DOT") REGULATIONS, I FURTHER AGREE TO SUBMIT TO ALL DRUG AND ALCOHOL TESTS AND PROCEDURES AS MANDATED BY DOT REGULATIONS, AND I FURTHER AGREE TO SUBMIT TO SUCH SKILLS AND STRENGTH TESTS AS MAY BE REQUIRED BY CATALINA EXPRESS THAT ARE RELEVANT AND NECESSARY FOR SAID POSITION.

I UNDERSTAND THAT EITHER CATALINA EXPRESS OR THE EMPLOYEE CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT WILL, AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE. I FURTHER UNDERSTAND THAT THE AT WILL NATURE OF THE EMPLOYMENT RELATIONSHIP CAN BE ALTERED ONLY BY A WRITTEN AGREEMENT SIGNED BY BOTH THE EMPLOYEE AND EITHER THE PRESIDENT OR CEO OF CATALINA EXPRESS. I AGREE THAT THIS SHALL CONSTITUTE A FINAL AND FULLY BINDING INTEGRATED AGREEMENT WITH RESPECT TO THE AT-WILL NATURE OF MY EMPLOYMENT RELATIONSHIP AND THAT THERE ARE NO ORAL COLLATERAL AGREEMENTS REGARDING THIS ISSUE.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS, AND AGREE THAT A PHOTOCOPY OF ANY AUTHORIZATION MADE BY ME ON THIS APPLICATION SHALL BE AS VALID AS THE ORIGINAL.

Signature

Date

TEST RESULTS	FOR EMPLOYER'S USE ONLY			
	TESTS ADMINISTERED	SCORE	RATING	ANALYSIS AND COMMENTS

INTERVIEW INFO	INTERVIEWED BY:	DATE:	POSITION:
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

HIRING INFO	H.R. USE ONLY	
	Offer made by: _____	Date: _____
	Starting date: _____	
	Job Title: _____	
	Department: _____	
	Department No.: _____	
	Rate of Pay: _____	
	Status: _____	(FULL-TIME, PART-TIME, SEASONAL, TEMPORARY)