



**NEW HIRE OR REHIRE  
ADDITIONAL INFORMATION**

[To be filled out by Employee]

EMPLOYEE INFORMATION			
EMPLOYEE NAME: (Please Print)			
ADDRESS: (Including apartment number)			
CITY:	STATE:	ZIP:	
HOME TELEPHONE NUMBER:	CELULAR NUMBER:	OTHER TELEPHONE NUMBER:	
EMAIL ADDRESS: (Please Print)		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
EMERGENCY CONTACT INFORMATION			
PRIMARY CONTACT NAME:		RELATIONSHIP:	
TELEPHONE NUMBER:		SECONDARY TELEPHONE NUMBER:	
SECONDARY CONTACT NAME:		RELATIONSHIP:	
TELEPHONE NUMBER:		SECONDARY TELEPHONE NUMBER:	

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY			
Indicate multiple locations if applicable			
HIRE DATE:	<input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> FULL TIME <input type="checkbox"/> PERMANENT	EMP ID NUMBER:	
PORT LOCATION:	POSITION:	CRUISE LINE:	RATE:
PORT LOCATION:	POSITION:	CRUISE LINE:	RATE:
PORT LOCATION:	POSITION:	CRUISE LINE:	RATE: