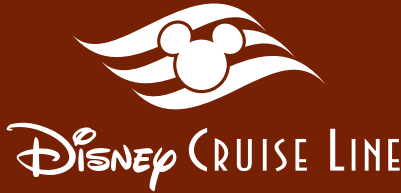


EMPLOYMENT APPLICATION



PLACE PHOTO
HERE

(If Applicable)

PHOTOCOPY OR BLACK AND WHITE COPY OF THIS DOCUMENT IS NOT OFFICIAL AND WILL NOT BE RECOGNIZED BY DISNEY CRUISE LINE

PERSONAL INFORMATION PLEASE PRINT AND USE BLACK INK

POSITION DESIRED: _____ MINIMUM WAGE EXPECTED: _____ DATE AVAILABLE TO START: _____

NAME (Last, First, Middle): _____ SEX (Circle one) **M** **F** ARE YOU 21 OR OLDER? **YES** **NO**

STREET ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ COUNTRY: _____ POSTAL CODE: _____

HOME PHONE (Include country code): _____ MOBILE: _____

EMAIL: _____ NATIONALITY: _____ RESIDENT OF: _____

DO YOU HAVE A PASSPORT? (Circle one) **YES** **NO** COUNTRY: _____

DO YOU HAVE A U.S. VISA? (Circle one) **YES** **NO** TYPE: (Circle one) **B1/B2** EXPIRATION DATE: _____ **C1/D** EXPIRATION DATE: _____ **SCHENGEN** EXPIRATION DATE: _____

HAVE YOU EVER BEEN EMPLOYED BY THE WALT DISNEY COMPANY OR ANY OF ITS AFFILIATED COMPANIES? (I.E. ESPN, ABC, PARKS & RESORTS, HAMMERSMITH) **YES** **NO** IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER APPLIED WITH THE WALT DISNEY COMPANY OR ANY OF ITS AFFILIATED COMPANIES? **YES** **NO** IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED, FOUND GUILTY, HAD ADJUDICATION WITHHELD, ENTERED A PRETRIAL DIVERSION PROGRAM, OR ENTERED A PLEA OF GUILTY OR NOLO CONTIENDERE (NO CONTEST) TO A CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? EXCEPT TO THE EXTENT THAT APPLICABLE LAW PERMITS YOU TO WITHHOLD DISCLOSURE OF CERTAIN PAST CONVICTIONS OR OFFENSES, FAILURE TO ANSWER THIS QUESTION COULD CAUSE DENIAL OF EMPLOYMENT OR TERMINATION OF EMPLOYMENT. **NOTE: DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS IS NOT A MINOR TRAFFIC VIOLATION.** **YES** **NO** IF YES, PLEASE EXPLAIN: _____

5 YEAR EMPLOYMENT HISTORY (List Most Recent Employer First)

COMPANY: _____	ADDRESS: _____	WAGE: _____
POSITION: _____	START DATE/ END DATE: _____	REASON FOR LEAVING: _____
COMPANY: _____	ADDRESS: _____	WAGE: _____
POSITION: _____	START DATE/ END DATE: _____	REASON FOR LEAVING: _____
COMPANY: _____	ADDRESS: _____	WAGE: _____
POSITION: _____	START DATE/ END DATE: _____	REASON FOR LEAVING: _____
COMPANY: _____	ADDRESS: _____	WAGE: _____
POSITION: _____	START DATE/ END DATE: _____	REASON FOR LEAVING: _____
COMPANY: _____	ADDRESS: _____	WAGE: _____
POSITION: _____	START DATE/ END DATE: _____	REASON FOR LEAVING: _____

PROFESSIONAL REFERENCES

NAME & PHONE NUMBER: _____ RELATIONSHIP: _____

NAME & PHONE NUMBER: _____ RELATIONSHIP: _____

NAME & PHONE NUMBER: _____ RELATIONSHIP: _____

PREVIOUS SHIPBOARD EXPERIENCE (CIRCLE YES OR NO) DO YOU HAVE 12 MONTHS SEA TIME DURING THE PAST 5 YEARS? IF YES, PLEASE PROVIDE CONTRACT DATES AND COMPANY NAMES IN THE 5 YEAR EMPLOYMENT HISTORY SECTION.

YES NO _____

TEMPORARY ADDRESS

TEMPORARY ADDRESS: _____ TEMPORARY PHONE: _____ DATE RETURNING TO PERMANENT ADDRESS: _____

EDUCATIONAL HISTORY

HIGH SCHOOL
NAME & LOCATION: _____ COURSE OF STUDY: _____ NUMBER OF YEARS COMPLETED: _____ TYPE OF DIPLOMA RECEIVED: _____

TRADE SCHOOL
NAME & LOCATION: _____ COURSE OF STUDY: _____ NUMBER OF YEARS COMPLETED: _____ TYPE OF DIPLOMA RECEIVED: _____

OTHER TRAINING OR SKILLS: _____ HIGHEST DEGREE EARNED: _____

COLLEGE/ UNIVERSITY
NAME & LOCATION: _____ COURSE OF STUDY: _____ NUMBER OF YEARS COMPLETED: _____ TYPE OF DIPLOMA RECEIVED: _____

LANGUAGES (Circle one) **FLUENT** **SEMI-FLUENT**

INTERESTS (Hobbies, Interests or Special Skills)

HOW WERE YOU REFERRED?

ADVERTISING (CIRCLE ONE) **ONLINE** **PRINT** **OTHER** REFERRAL/ WHO? OTHER

I agree to submit to a physical examination (including without limitation drug tests) and to subsequent examinations when requested by the Company. Subject to applicable law, I hereby authorize any physician, surgeon, medical practitioner, hospital or other healthcare provider, or any insurance carrier, to release to the Company any medical or other information requested, including benefits paid or payable concerning the undersigned.

I authorize the Company (or any of its third-party contractors or its affiliated or successor companies) to obtain criminal background reports about me for employment purposes. In the event that the Company is prevented by applicable law from obtaining such reports, I agree to obtain such reports as requested by the Company in accordance with applicable law. I authorize my former employers and other individuals to give information concerning me whether or not it is on their records, and I release them and their companies from any liability whatsoever.

In the event of employment and in consideration thereof, the Company and any person or concern it may authorize, shall be entitled, without further consent to copyright, sell or use in any manner any picture, photograph or recording of my likeness, and any recording of my voice.

As part of my employment application process, I understand that I should not discuss any confidential or proprietary ideas or suggestions with the Company and that any ideas or suggestions that I do discuss with the Company may be used by the Company without any compensation to me.

I hereby consent to the transfer of the data contained in this application, and any other personal and/or sensitive data relative to the processing of this application or my subsequent employment by the Company, to the Company and its related and affiliated companies in the United States.

I certify that all statements given on this application are correct. I realize that falsification or misrepresentation, including omission, of this or any other personnel record may result in my discharge regardless of when such falsification or misrepresentation or omission is discovered.

I HAVE CAREFULLY READ THE ABOVE

SIGNATURE

DATE