

Vanter Cruise Health Services, Inc.

Application for Employment

Instructions to Applicant

Please submit your completed application, along with copies of your professional license(s), ACLS, ATLS, PALS, STCW certifications (if applicable) and passport to Vanter Cruise Health Services by fax, mail, or email.

All supporting documentation must be submitted in English.

Vanter Cruise Health Services, Inc.

1330 Braddock Place

Suite 204

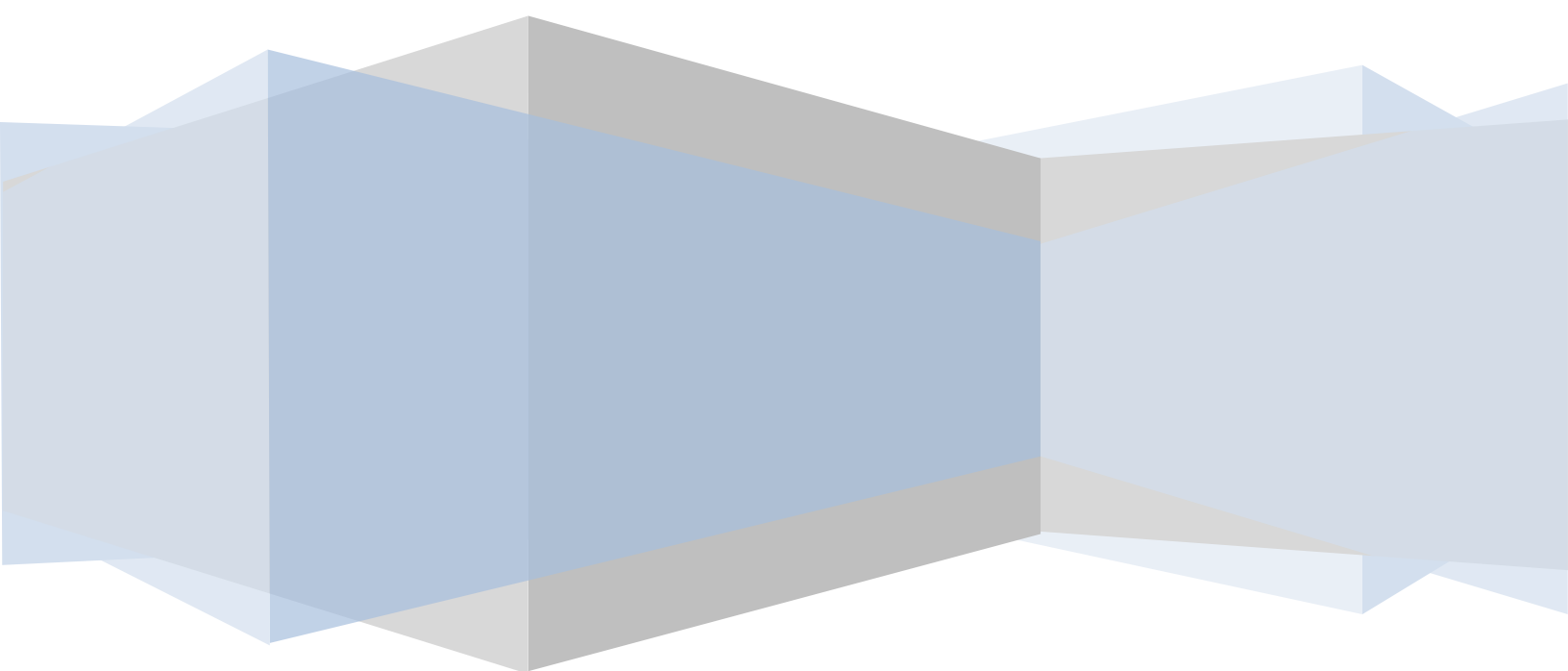
Alexandria, VA 22314

Telephone: (703) 236-2690

Fax: (703) 548-0220

Web: <http://www.vantercruisehealthservices.com>

Email: info@vantercruisehealthservices.com



VANTER CRUISE HEALTH SERVICES, INC

Employment Application

DATE OF APPLICATION: _____

APPLICANT INFORMATION		
Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State / Country	ZIP
Home Phone #	Mobile Phone #	
E-Mail Address		
Date Available		
Position Applied for: <input type="checkbox"/> Cruise Ship Nurse <input type="checkbox"/> Cruise Ship Physician		
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, where?	
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony or a misdemeanor? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:	
Do you have prior cruise experience? YES <input type="checkbox"/> NO <input type="checkbox"/>	Indicate cruise line & dates:	
Why do you think you are qualified for this type of work?		

VANTER CRUISE HEALTH SERVICES, INC

Employment Application

PREVIOUS EMPLOYMENT

Identify all past employers, omitting none. Explain any gaps in employment in comments section of this application. Begin with most present or most recent employer.

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

VANTER CRUISE HEALTH SERVICES, INC

Employment Application

EDUCATION

Attach copies of all professional licenses & PALS, ATLS, ACLS certification

College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	GPA/ Degree
Professional		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	GPA/ Degree
ACLS Certification Expiration Date			

LANGUAGE

Please list the languages you speak (other than English) and your respective proficiency level below.

<u>Language:</u>	<u>Read:</u> <input type="checkbox"/> Fluent <input type="checkbox"/> Well <input type="checkbox"/> Fair	<u>Write:</u> <input type="checkbox"/> Fluent <input type="checkbox"/> Well <input type="checkbox"/> Fair	<u>Speak:</u> <input type="checkbox"/> Fluent <input type="checkbox"/> Well <input type="checkbox"/> Fair
<u>Language:</u>	<u>Read:</u> <input type="checkbox"/> Fluent <input type="checkbox"/> Well <input type="checkbox"/> Fair	<u>Write:</u> <input type="checkbox"/> Fluent <input type="checkbox"/> Well <input type="checkbox"/> Fair	<u>Speak:</u> <input type="checkbox"/> Fluent <input type="checkbox"/> Well <input type="checkbox"/> Fair
<u>Language:</u>	<u>Read:</u> <input type="checkbox"/> Fluent <input type="checkbox"/> Well <input type="checkbox"/> Fair	<u>Write:</u> <input type="checkbox"/> Fluent <input type="checkbox"/> Well <input type="checkbox"/> Fair	<u>Speak:</u> <input type="checkbox"/> Fluent <input type="checkbox"/> Well <input type="checkbox"/> Fair

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

MILITARY SERVICE

Were you in the US Armed Forces? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

TECHNICAL SKILLS

The ability to use computers and basic office software are required for all positions.

Are you proficient with the use of standard business computing applications (i.e. Microsoft Word and Excel)?

YES

NO

Please list any other technical skills you possess below:

COMMENTS

Please use the space below for any additional comments related to your application. Attach additional pages if necessary.

DISCLAIMER AND SIGNATURE

Please read and initial the following statements:

1. I certify that the information contained in this application is correct and that I have not omitted any requested information. I understand that any falsification, omission, or other misrepresentation by me will be sufficient grounds for denial of employment, withdrawal of any offer of employment or may result in my dismissal, if I have been hired.

(Initial: _____)

2. I understand that in processing my application, employer (**Vanter Cruise Health Services**) may investigate all schools, references and prior employers provided and may make any other investigations deemed necessary to gain additional information about me, which may include information as to my character, general reputation, and a police record. I hereby give **Vanter Cruise Health Services** the right to make such investigations, and release **Vanter Cruise Health Services** and its representatives from all liability associated with making such investigations, and all persons, corporations or other organizations from all liability associated with participating in such investigations. I hereby authorize the schools, references and prior employers listed above all other persons, organizations or corporations contacted by **Vanter Cruise Health Services** to provide my record, reason for leaving and all other information which they may have concerning me.

(Initial: _____)

3. I acknowledge and agree that just as I am free to resign at any time and for any reason my employment can be terminated for any reason and at any time with or without cause and without prior notice. I understand that no representative of **Vanter Cruise Health Services** has the authority to make any oral or written agreements for employment for a specified period or for specific conditions of employment and that nothing contained herein or in any oral or written representations shall be construed as constituting any express or implied agreement regarding any specific period or conditions of employment.

(Initial: _____)

4. I understand that this application and the information contained herein and provided hereunder are current for the next sixty days. If, after the expiration of such time period, I have not been offered employment by **Vanter Cruise Health Services**, I understand and agree that I must submit a new application if I still wish to be considered for employment with **Vanter Cruise Health Services**.

(Initial: _____)

5. I hereby represent and certify that I am honestly and sincerely interested in employment with **Vanter Cruise Health Services** and that this application is submitted in good faith and without false pretenses, in order to pursue such employment. I further certify and declare that the foregoing statements are all true and correct.

(Initial: _____)

6. **Vanter Cruise Health Services** is an Equal Opportunity Employer. **Vanter Cruise Health Services** does not discriminate in employment with regard to race, color, national origin, sex, religion, handicap, status as a disabled or Vietnam veteran or with regard to any basis prohibited by applicable federal, state, or local laws and no question contained in this application is intended to or will be used for the purpose of limiting or excluding the applicant's consideration for employment on any such basis.

(Initial: _____)

Signature

Date