



The Maritime Foundation of Toledo

1 Maritime Plaza, Toledo, OH 43604
Phone: 419-244-9999 Fax: 419-244-9898
Website: www.themaritimefoundation.us
Email: info@maritimeacademy.us

MARITIME/CRUISE SHIP INDUSTRY OCCUPATIONAL ASSESSMENT QUESTIONNAIRE

The Maritime Academy of Toledo Foundation is offering a two-week plus one day course to qualified applicants to train them for a variety of occupations for cruise ship and merchant marine careers.

Working on a ship isn't for everyone. As a result, this Maritime/Cruise Ship Industry Occupational Assessment Questionnaire will help you determine your suitability and expectations for a career at sea.

These questionnaire items are broken into three areas: General Information, Background Information, and Health Related. It is important to note that prior to acceptance into a course you must pass both the State of Ohio and Federal Background checks as well as a physical examination and drug screening.

Disclaimer

All information provided in this questionnaire is strictly confidential and will only be used by The Maritime Academy of Toledo Foundation, its staff and representatives for maritime/cruise ship industry job placement personnel. No information will be sold or otherwise provided to anyone.

Please answer all of the questions on the following pages:

GENERAL INFORMATION

	Strongly Disagree	Somewhat Disagree	Agree	Somewhat Agree	Strongly Agree
	5	4	3	2	1
Please read each question carefully. Answer each statement/question as it pertains to you by putting a “✓” in the box to the right of each statement.					
1. I like to travel.					
2. I don't mind being away from home day after day.					
3. I don't mind being away from home several months at a time.					
4. I can tolerate the same working conditions in the same location day after day.					
5. I don't have any problems with a chain of command or handling authority.					
Please read each question carefully. Answer each question as it pertains to you by putting a “✓” in the box to the right of each statement.					
	Yes		No		
6. I have children or other family commitments.					
7. If you responded “YES” Please give age(s) ages of children in your direct care _____					
8. If you responded “YES” Briefly explain the nature of your family commitments here:					

	Strongly Disagree	Somewhat Disagree	Agree	Somewhat Agree	Strongly Agree
	5	4	3	2	1
Please read each question carefully. Answer each question/statement as it pertains to you by putting a “✓” in the box to the right of each statement.					
9. I am able to leave my home and family for an extended period of time.					
10. I am certain I am able to be away from home for long periods of time?					
11. What's the longest you have ever been away from home? _____					

BACKGROUND INFORMATION

Please read each question carefully. Answer each question as it pertains to you by putting a “✓” in the box to the right of each statement.	Yes	No			
1. Have you ever been convicted of a felony?					
2. Have you been convicted of, or are you a registered sex offender?					
3. Do you have any DUI or DWI convictions?					
4. Do you have a history of illegal drug use?					
5. Do you have prior boating experience?					
6. Can you handle heat or hot weather on a regular basis?					
7. Can you handle cold or chilly weather on a regular basis?					
8. Do you have a fear of severe weather conditions?					
9. Are you claustrophobic? (some cabin/work areas may be limited in size)					
10. Do you have a passport?					
11. Do you have any mariner credentials or previous maritime/mariner training?					
Please read each question carefully. Answer each question as it pertains to you by putting a “✓” in the box to the right of each statement.	Strongly Disagree	Somewhat Disagree	Agree	Somewhat Agree	Strongly Agree
	5	4	3	2	1
1. I like to work or otherwise be around water?					
2. I can tolerate a certain loss of privacy that may exist aboard a cruise ship?					
3. I like to fly. (You may have to fly you to the ship)					
4. I like to work around people constantly?					
5. I like being around people from other cultures and countries?					
6. I am comfortable around people who don't speak your language?					
If you responded “yes”, please briefly describe your experiences with people who speak other languages.					

HEALTH INFORMATION

If you qualify as an applicant for career opportunities in the cruise line industry please be advised that random drug testing is required.

Please read each question carefully. Answer each question as it pertains to you by putting a “✓” in the box to the right of each statement.	Yes	No
1. Can you stand for five to six hours?		
2. Can you walk up three flights of stairs without needing to stop?		
3. Can you bend over and lift a 20lb object with both arms and place it over your head?		
4. Are you currently taking any prescription medication?		
If “yes”, please list or explain		
5. Do you suffer from shortness of breath?		
6. Do you have any history of mental illness?		
7. Do you have any problems with doing repetitive work?		
8. Have you had any surgery, operation, or overnight hospital stays?		
If “yes”, please list or explain		
9. Do you have any commitments or health issues that would prevent you from completing a three or six-month contract with any cruise line		
10. Do you get sea-sick?		
11. Can you pass a swim test?		

APPLICANT INFORMATION

NAME _____

ADDRESS _____

CITY _____ State _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____

FOR OFFICE USE ONLY

QUESTION AREA	REVIEWER COMPOSITE SCORE
General Information	
Background Information	
Health Information	
Total	

INTERVIEW NOTES

Reviewer Name	Time Spent	Score
Final Interview by (signature)	Print Name	Date

Please return the entire Application Packet, supporting documentation, and the Questionnaire within seven working days after receiving it to:

The Maritime Academy of Toledo Foundation Attn: Commander Kleiboemer 803 Water Street Toledo, OH 43604	Click on the button on the top right of the page to submit your application
	Or Fax It To 419-244-9898