PHOTO

# Application Form for Seafarers

(Filling in the form does not guarantee employment)

**POSITION APPLIED FOR:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** | **Name:** | **Middle Name:** | |
| **Date of Birth:** | **Place of Birth / City & Country:** | | **Citizenship:** |
| **Permanent address:** | **Phone(home):** | | **Phone(mobile):**  **E-mail:** |
| **LEVEL OF ENGLISH (Fluent, Good, Satisfactory, Poor):** | | | **DESIRED SALARY: $** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DOCUMENTS** | **NUMBER** | **ISSUED** | **VALID TILL** | **COUNTRY** |
| **TRAVEL PASSPORT** |  |  |  |  |
| **SEAMAN’ S BOOK** |  |  |  |  |
| **LICENSE \_\_\_\_\_\_\_\_\_\_\_\_ (GRADE)** |  |  |  |  |
| **ENDORSEMENT \_\_\_\_\_\_\_\_\_\_\_\_\_(GRADE)** |  |  |  |  |
| **BASIC SAFETY TRAINING** |  |  |  |  |
| **PROFICIENCY IN SURVIVAL CRAFT** |  |  |  |  |
| **ADVANCED FIRE FIGHTING** |  |  |  |  |
| **MEDICAL FIRST AID** |  |  |  |  |
| **MEDICAL CARE** |  |  |  |  |
| **SECURITY AWARENESS TRAINING FOR ALL SEAFARERS** |  |  |  |  |
| **SECURITY TRAINING FOR SEAFARERS WITH DESIGNATED SECURITY DUTIES** |  |  |  |  |
| **HAZARDOUS MATERIAL SAFETY** |  |  |  |  |
| **SHIP’S SECURITY OFFICER** |  |  |  |  |
| **OTHER SEAMAN’ S BOOK** |  |  |  |  |
| **OTHER LICENSE** |  |  |  |  |
| **USA VISA** |  |  |  |  |
| **YELLOW FEVER VACCINATION** |  |  |  |  |
| **MEDICAL EXAMINATION** |  |  |  |  |
| **DRUG AND ALCOHOL TEST** |  |  |  |  |
| **HUET** |  |  |  |  |
| **BOSIET** |  |  |  |  |
| **FOOD HANDLING** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SEA SERVICE (please start with the most recent vessel):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF VESSEL** | **NAME OF**  **VESSEL** | **GRT** | **ENGINE**  **TYPE** | **HORSE**  **POWER** | **FLAG** | **NAME OF**  **COMPANY** | **RANK** | **PERIOD OF SERVICE**  **FROM / TO** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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**EDUCATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **TYPE (college, high school etc)** | **NAME OF THE EDUCATIONAL ESTABLISHMENT** | **YEARS OF STUDY:** | **PROFESSION:** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |

**REFERENCES (COMPANIES; PHONES):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **COMPANY** | **PERSON AUTHORISED TO GIVE REFERENCES** | **TELEPHONE** |
| **1** |  |  |  |
| **2** |  |  |  |

**PERSONAL DETAILS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HEIGHT** | **cm** | **WEIGHT** | **kg** | **EYES COLOR** |  |
| **HAIR COLOR** |  | **OVERALL SIZE** |  | **SHOES SIZE** |  |

**NEXT OF KIN:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NEXT OF KIN NAME:** | **ADDRESS:** | **TELEPHONE:** |
|  |  |  |  |

**PERSONAL QUALITIES AND SKILLS:**

**DATE OF AVAILABILITY:**

|  |  |  |
| --- | --- | --- |
| **PLEASE ANSWER FOLLOWING QUESTIONS** | **YES** | **NO** |
| Did you suffer, or presently suffer from any disease likely to render you unfit for services at sea or likely to endanger the health of other persons on board? |  |  |
| If yes, please provide details | | |
|  | | |
| Did you ever undergo psychiatric treatment |  |  |
| Are you addicted to alcohol or drugs of any kind? |  |  |
| Did you suffer any accident, which rendered you temporary and/or partially disabled? |  |  |

**I hereby declare that the above facts and information are true and accurate. I further consent to the holding and processing by the Employers and the Agents and any direct or indirect subsidiary or associated or affiliated company of the Agents (together referred to as "the Companies") for the purposes of my employment, of personal data about me contained herein, or provided to any of the Companies at a later date. I understand that this data will be stored in the Agents’ database for the purposes of my current or future employment arranged by the Agents. Further, I confirm that the above may involve the transfer of my personal data within the Agents’ organization.**

**DATE SIGNATURE OF THE APPLICANT**