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| PHOTO |

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Alliance Crew Agency

140 Bagrationi Str. Batumi Georgia 6100

<Tel:+995> 422 29 32 90 Mob:+995 79 11 92

E-mail: general@alliancecrewagency.ge

E-mail: crew@alliancecrewagency.ge

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| APPLICATION FOR POSITION AS |  | OTHER POSITION (IF ANY) |  |

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| 1. PERSONAL DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SURNAME | | | | | | | | | |  | | | | | | | | | | | | | | | SEX | | | | | | | | | | | MALE | | | | | | | | | | | | | | FEMALE | | | | |
| FIRST NAME | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH | | | | | | | | | |  | | | | | | | | | | | | | | | OTHERS NAMES | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| NATIONALITY | | | | | | | | | |  | | | | | | | | | | | | | | | PLACE OF BIRTH | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| COLOUR OF EYES | | | | | | | | | | GEORGIAN | | | | | | | | | | | | | | | MARITAL STATUS | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| MOTHER’S NAME | | | | | | | | | |  | | | | | | | | | | | | | | | COLOUR OF HAIR | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| MOTHER’S MAIDEN NAME | | | | | | | | | |  | | | | | | | | | | | | | | | FATHER’S NAME | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| HEIGHT (CM) | | | | | | | | | |  | | | | | | | | | | | | | | | WEIGHT (KG) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| NEAREST INTERNATIONAL AIRPORT: | | | | | | | | | | | | | | | | | BUS TBS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | **ADDRESS (TEMP.) FROM/TO:** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| NO & STREET |  | | | | | | | | | | | | | | | | | | | | | | NO & STREET | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| CITY |  | | | | | | | | | | | | | | | | | | | | | | CITY | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| POST CODE |  | | | | | | | | | | | | | | | | | | | | | | POST CODE | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTRY | GEORGIA | | | | | | | | | | | | | | | | | | | | | | COUNTRY | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| TEL. NO. |  | | | | | | | | | | | | | | | | | | | | | | TEL. NO. | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| MOBILE |  | | | | | | | | | | | | | | | | | | | | | | MOBILE | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| E-MAIL |  | | | | | | | | | | | | | | | | | | | | | | E-MAIL | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| FAX |  | | | | | | | | | | | | | | | | | | | | | | FAX | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 3. NEXT OF KIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL NAME | |  | | | | | | | | | | | | | | | | | | | | | | | | | | RELATIONSHIP | | | | | | | | | | | | | | | wife | | | | | | | | | | | |
| ADDRESS | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | |  | | | | | | | | | | | | | | | | | | | | | | | | | | COUNTRY | | | | | | | | | | | | | | | GEORGIA | | | | | | | | | | | |
| TEL. NO. | |  | | | | | | | | | | | | | | MOBILE | | | | | | | |  | | | | | | | | | | | | | | FAX NO. | | | | | | |  | | | | | | | | | |
| **4. CHILDREN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL NAME OF CHILD | | | | | | | | | | | | | | | | | | | | | | | | | | | | DATE OF BIRTH | | | | | | | | | | | | | | | | | SEX | | | | | | | | | |
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| 5. TRAVEL DOCUMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE | | | | | DOCUMENT NO. | | | | | | | | | | | | | | ISS.DATE | | | | | | EXP. DATE | | | | | | | ISS. BY (AUTHORITY) | | | | | | | | | | | | | | PLACE OF ISSUE | | | | | | | | |
| PASSPORT | | | | |  | | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | | | | | | | GEORGIA | | | | | | | | |
| SEAMAN BOOK | | | | |  | | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | | | | | | | GEORGIA | | | | | | | | |
| OTHER SEAMAN BOOK | | | | |  | | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| US C1/D VISA | | | | |  | | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| OTHER VISAS | | | | |  | | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
| 6. BANK ACCOUNT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BANK NAME | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | BRANCH | | | | | | | | | |  | | | | | | | | | | |
| BANK ADDRESS | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | COUNTRY | | | | | | | | | |  | | | | | | | | | | |
| SORT CODE | | | |  | | | | | | | | | | | | | | | ACCOUNT NO | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| BANK SWIFT CODE | | | |  | | | | | | | | | | | | | | | BANK TEL. NO | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCOUNT OWNER’S NAME | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCOUNT OWNER’S ADDRESS | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. EDUCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCHOOL NAME | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | FROM | | | | | |  | | | | | | | | | TO | | |  | | | |
| SCHOOL NAME | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | FROM | | | | | |  | | | | | | | | | TO | | |  | | | |
| 8. PROFESSIONAL QUALIFICATION / CERTIFICATE OF COMPETENCY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CERTIFICATE NAME | | | | | | | | | | | | | | NUMBER | | | | | | | | | | ISSUE DATE | | | | | | | EXPIRY DATE | | | | | | | | ISSUED BY (AUTHORITY) | | | | | | | | | | | | | ISSUED AT | | | |
| GEORGIA LICENSE | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | GEORGIA | | | | | | | | | | | | | BATUMI | | | |
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| DANGEROUS CARGO ENDORSEMENT | | | | | | | | | | | | | | NUMBER | | | | | | | | | | | | | | | | | ISSUE DATE | | | | | | | | | | | | | | EXPIRY DATE | | | | | | | | | | |
| PETROLEUM | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |
| CHEMICAL | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |
| GAS | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |
| **9. LANGUAGES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENGLISH | | | | | | FLUENT | | | | | | | | |  | | | | | | GOOD | | | | | | | |  | | | | FAIR | | | | | | | |  | | | | | | POOR | | | | | | |  | |
| GERMAN | | | | | | FLUENT | | | | | | | | |  | | | | | | GOOD | | | | | | | |  | | | | FAIR | | | | | | | |  | | | | | | POOR | | | | | | |  | |
| FRANCH | | | | | | FLUENT | | | | | | | | |  | | | | | | GOOD | | | | | | | |  | | | | FAIR | | | | | | | |  | | | | | | POOR | | | | | | |  | |
| SPANISH | | | | | | FLUENT | | | | | | | | |  | | | | | | GOOD | | | | | | | |  | | | | FAIR | | | | | | | |  | | | | | | POOR | | | | | | |  | |
| ITALIAN | | | | | | FLUENT | | | | | | | | |  | | | | | | GOOD | | | | | | | |  | | | | FAIR | | | | | | | |  | | | | | | POOR | | | | | | |  | |
| RUSSIAN | | | | | | FLUENT | | | | | | | | |  | | | | | | GOOD | | | | | | | |  | | | | FAIR | | | | | | | |  | | | | | | POOR | | | | | | |  | |
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| **10. HEALTH CERTIFICATES & VACCINATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FLAGE STATE | | | | | | | NUMBER | | | | | | | | | | | | | | | ISSUE DATE | | | | | | | | EXPIRY DATE | | | | | | | ISSUED BY (AUTHORITY) | | | | | | | | | | | | | | ISSUED AT | | | | |
| INTERNATIONAL | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| LIBERIAN | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| NORWEGIAN | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| PANAMANIAN | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| NAME | | | | | | | | ISSUE DATE | | | | | | | | | | | | EXPIRY DATE | | | | | | | | | | ISSUED BY (AUTHORITY) | | | | | | | | | | | | | | | | | | ISSUED AT | | | | | | | |
| YELLOW FEVER | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **11. SAFETY CLOTHING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BOILERSUIT SIZE | | | | | | | | |  | | | | | | | | | | | | | | | | | BOOTS SIZE | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **12. MARINE COURSES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COURSE NAME | | | | | | | | | | | | NUMBER | | | | | | | | | | ISSUE DATE | | | | | | | | EXPIRY DATE | | | | | | | ISSUED BY (AUTHORITY) | | | | | | | | | | | | | | ISSUED AT | | | | |
| PERSONAL SURVIVAL | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| BASIC FIRE FIGHTING | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| ADV. FIRE FIGHTING | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| ELEMENTARY FIRST AID | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| MEDICAL FIRST AID | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| MEDICAL CARE | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| PERS. SAFETY & SOC. RESP. | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| PROF. IN SURVIVAL CRAFT & RESCUE BOATS | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| FAST RESCUE CRAFT | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| G.M.D.S.S. | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| A.R.P.A. (Management level) | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| RADAR OBSERVATION | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| SHORE BASED FIREFIGHTING SIMULATOR | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| PROFICIENCY IN CRISIS MANAGEMENT AND HUMAN BEHAVIOR | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| PASSENGER SAFETY,CARGO SAFETY AND HULL INTEGRITY TRAINING | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| CROWD MANAGEMENT TRAINING | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| SAFETY TRAINING FOR PERSONNEL PROVIDING SERVICE PASSENGERS IN PASSENGERS SPACES | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| SECURITY-AWARENESS TRAINING | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| TRAINING FOR SEAFARERS DESIGNATED SECURITY DUTIES | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| SHIP SECURITY OFFICER | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| BRIDGE TEAM AND RESOURCE MANAGEMENT | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| **12. MARINE COURSES (CONTD……)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COURSE NAME | | | | | | | | | | | | NUMBER | | | | | | | | | | ISSUE DATE | | | | | | | | EXPIRY DATE | | | | | | | ISSUED BY (AUTHORITY) | | | | | | | | | | | | | | ISSUED AT | | | | |
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| **13. SPECIALISED EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE | | | | | | | | | | | FROM | | | | | | | TO | | | | | | | | | COMMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEW BUILDING | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SPECIAL TRADES | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I declare that the information I have given is, to the best of my knowledge, true and complete. I also declare that the documents submitted are genuine, given and sign by persons whose names appear on them. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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