|  |  |  |
| --- | --- | --- |
| Desirable Salary: | APPLICATION FORM | APPLICATION DATE:  |
| PERSONAL DATA | PHOTO |
| POSITION(s)/ RANK - APPLIED |  |  |
| FAMILY NAME, GIVEN NAME |  |  |
| **DATE OF BIRTH (dd/mm/yyyy)** |  | CITIZENSHIP |  |
| **PRESENT ADDRESS** |  | **TEL.NO.** |  |
| **MARITAL STATUS** |  | **Nbr of children till 18** |
| **HEIGHT** |  | **WEIGHT** |  |
| **NEXT OF KIN:** | **NAME** | **TEL NO** |  |
|  |  | **ADDRESS** |  |
| ENGLISH LEVEL |  |
| PERSONAL DOCUMENTS |
| PASSPORT | **NUMBER** | **DATE / PLACE OF ISSUE** | **EXPIRY DATE** |
|  |  |  |  |
|  **SEAMAN’ S BOOK** | NUMBER | **DATE / PLACE OF ISSUE** | **EXPIRY DATE** |
| NATIONAL |  |  |  |
| FLAG SEMAN’S BOOK |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **LICENCE** | **NUMBER** |  **GRADE** | **DATE / PLACE OF ISSUE** | **ENDORSED TILL** |
| NATIONAL |  |  |  |  |
| ENDORSEMENT |  |  |  |  |
|  |  |  |  |  |
| FLAG LICENCE (NAME Flag) |  |  |  |  |
|  |  |  |  |  |
| **OTHER CERTS.** | **NUMBER** | **DATE OF ISSUE** | **PLACE OF ISSUE** | **EXPIRY DATE** |
| **Basic Safety and instruction**  |  |  |  |  |
| Radar Observer A-II/1 |  |  |  |  |
| ARPA A-II/1 |  |  |  |  |
| **GMDSS A-IV/2** |  |  |  |  |
| **STCW Proficiency in Survival Craft and Rescue boat A VI/2-1** |  |  |  |  |
| **STCW Advanced Fire-Fighting** **A-VI/3** |  |  |  |  |
| **STCW Take Charge of Medical Care Aboard Ship “A VI/4-2”** |  |  |  |  |
| **Ship handling & manoeuvring** |  |  |  |  |
| **Bridge Team Management** |  |  |  |  |
| **Electrical, electr.and control engineer.Mang.Level** |  |  |  |  |
| **SSO – STCW Reg VI/5,**  |  |  |  |  |
| **ECDIS CERTIFICATE** |  |  |  |  |
| **HAZMAT** |  |  |  |  |
| **MEDICAL FIRST AID**  |  |  |  |  |
| **USA VISA** |  |  |  |  |
| **SCHENGEN VISA** |  |  |  |  |
| **Maritime Australia VISA**  |  |  |  |  |
| **Yellow fever certificate** |  |  |  |  |
|  **WRITE YR REMARKS :**  |
|  |
| **SERVICE RECORDS LAST FIVE YEARS** |
| **RANK / POS** | **NAME OF VESSEL** | **TYPE** | **DWT**  | **TEUS** | **FROM** | **TILL** | **COMPANY** |
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| **REMARKS – Contact number previous Companies service:** |  |  |  |  |
| **Name Company** | **Phone Number** | **Fax Number** |
|  |  |  |
| FOR CREW DEPT USE ONLY |
| REVIEVED BY | **SIGNATURE** | DATE |
| MANNING AGENT |  |  |
| **CREW MANAGER** |  |  |
| **MARINE MANAGER**  |  |  |
| **TECHNICAL MANAGER** |  |  |
| **OPERATION MANAGER** |  |  |
| **Q+S/V MANAGER** |  |  |
| **GENERAL MANAGER** |  |  |