



## SEAFARER'S APPLICATION FORM

1 <sup>ST</sup> CHOICE		2 <sup>ND</sup> CHOICE:	
Surname	First name	Middle name	
Date of birth:	Place of birth:	Nationality: UKRAINE	
Permanent address:			
Phone (Home):	e-mail:	Nearest Airport	
Phone Mob:			
Marital Status ( married, single, divorced):		Next of Kin:	
Address Next of Kin / number of phone:		Nbr of Children:	
Colour of Eyes:		Colour of Hair:	
Height:	Overall Size:	Shoes Size:	

Knowledge of English (fluent/good/moderate/poor) :	Other languages:
----------------------------------------------------	------------------

LICENSES	N <sup>o</sup>	issue date	expiry date	place issued
Seaman's passport				
Travel Passport				
Certificate of competency				
Endorsement of certificate				
Certificate of competency (GMDSS)				
Endorsement of certificate (GMDSS)				
Basic safety				
Proficiency in Survival Craft & Rescue Boats				
Advanced Fire Fighting				
Med. First Aid				
Security Officer				
Hazardous cargos				
ARPA- Radar Certificate				
Seafarer medical certificate				

Graduated from:	Year:

DETAILS OF PREVIOUS SEA SERVICE								
POSITION	COMPANY	NAME OF VSL	TYPE OF VSL	TYPE OF ENGINE	DWT	BHP	FROM	TO

I HEREBY CERTIFY THAT ALL THE INFO CONTAINED HERE IN IS TRUE & CORRECT ANY MISREPRESENTATION WILL BE SUFFICIENT GROUND FOR DISQUALIFICATION & / OR DISMISSAL

Date

Signature \_\_\_\_\_