



# Seafarer Application Form

1. PERSONAL INFORMATION					
RANK			ALTERNATIVE RANK (IF ANY)		
LAST NAME			FIRST NAME		
OTHER NAMES			NATIONALITY		
BIRTH PLACE			DATE OF BIRTH		
INTERNATIONAL AIRPORT (NEAREST TO HOME TOWN):					
2. ADDRESS (PERMANENT)			ADDRESS (TEMP.) FROM/TO:		
STREET			STREET		
POST CODE			POST CODE		
CITY			CITY		
COUNTRY			COUNTRY		
TEL. NO.			TEL. NO.		
MOBILE			MOBILE		
E-MAIL			E-MAIL		
3. NEXT OF KIN					
FULL NAME			RELATION		
ADDRESS					
CITY			COUNTRY		
TEL. NO.			MOBILE PHONE NO.		
4. BENEFICIARY INFORMATION					
FULL NAME			RELATION		
ADDRESS					
CITY			COUNTRY		
TEL. NO.			MOBILE PHONE NO.		
5. TRAVEL DOCUMENTS					
DOC./VISA TYPE	DOC./VISA NO.	ISS.DATE	EXP. DATE	ISS. BY (AUTHORITY)	PLACE OF ISSUE
PASSPORT					
SEAMAN BOOK					
US C1/D VISA					
OTHER VISAS					

**6. BANK ACCOUNT INFORMATION (OPTIONAL)**

BANK NAME		BRANCH	
ADDRESS			
CITY		COUNTRY	
ACCOUNT NO		SWIFT/BIC CODE	

**7. EDUCATION**

SCHOOL NAME		FROM		TO	
SCHOOL NAME		FROM		TO	

**8. LICENCE AND COURSE INFORMATION**

LICENCE NAME	NUMBER	ISSUE DATE	EXPIRY DATE	ISSUED BY (AUTHORITY)	ISSUED AT
COURSE NAME	NUMBER	ISSUE DATE	EXPIRY DATE	ISSUED BY (AUTHORITY)	ISSUED AT
PERSONAL SURVIVAL TECHNIQUES					
BASIC FIRE FIGHTING					
ADV. FIRE FIGHTING					
ELEMENTARY FIRST AID					
MEDICAL FIRST AID					
MEDICAL CARE					
PERS. SAFETY & SOC. RESP.					
PROF. IN SURVIVAL CRAFT					
FAST RESCUE BOATS					
CERTIFICATE OF PROFICIENCY IN SECURITY-AWARENESS.					
CERTIFICATE OF PROFICIENCY FOR SEAFARERS WITH DESIGNATED SECURITY DUTIES.					
PERMISSION ON LPG TANK.					
GMDSS					
RADAR OBSERVER					
ARPA					
HAZMAT					
HEALTH CERTIFICATE:					
YELLOW FEVER DRUG					
& ALCO TEST					
PILOT EXEMPTION CERTIFICATE:					
OTHER:					

**9. ENGLISH PROFFICIENCY**

FLUENT	<input type="checkbox"/>	V. GOOD	<input type="checkbox"/>	GOOD	<input type="checkbox"/>	FAIR	<input type="checkbox"/>	POOR	<input type="checkbox"/>
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**10. SEAFARER'S SAILING RECORD**

VESSEL NAME	COMPANY NAME	VESSEL TYPE	G.R.T.	D.W.T.	ENGINE TYPE	BHP	KW	RANK	SIGNED ON	SIGNED OFF

**12. REFERENCES**

COMPANY NAME			
ADDRESS			
PHONE NO.			
FAX/E-MAIL			
CONTACT PERSON			

Niniejszym wyrażam zgodę na przetwarzanie moich danych osobowych dla potrzeb działalności pośrednictwa pracy, prowadzonej przez Arriva Shipping Polska, zgodnie z Ustawą z dnia 29.08.1997 r. o Ochronie Danych Osobowych ( Dz. U. Nr 101 z 2002 r., poz. 926 z późniejszymi zmianami), w tym na udostępnianie tych danych podmiotom zagranicznym (potencjalnym pracodawcom). Oświadczam, że poinformowano mnie, iż mam prawo wglądu i poprawiania..

By completing this application form, based on Art. 23 of Sect. 1 Point 1 of Protection of Personal Data Act from 29.08 1997, I grant my consent to Arriva Shipping Polska for processing my personal data during the process of recruitment, job arrangement and agency in employment with Polish and foreign employers.

At the same time I confirm the receipt of information based on Art. 24 of the above mentioned Act.

\_\_\_\_\_  
Imię i Nazwisko / Name

\_\_\_\_\_  
Data / Date

\_\_\_\_\_  
Podpis / Signature