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|  | | | | | | | | Recent Picture | | |
| Application Form | | | | | | | |
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| Section 1 | Position | | | | | | | | | |
|  |  | | | | | | | | | |
| *Position Applied for* |  | | | | | | | | | |
| *Lowest Position Acceptable* |  | | | | | | | | | |
| *Date of Availability* |  | | | | | | | | | |
| *Contact No.* |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Section 2 | **Personal Details** | | | | | | | | | |
|  |  | | | | | | | | | |
| *Family name / Surname* |  | | | | | | | | | |
| *First Name / Given Name* |  | | | | | | | | | |
| *Date & Place of Birth* |  | | | | | | | | | |
| *Nationality* |  | | | | | | | | | |
| *Permanent Address* |  | | | | | | | | | |
| *Present Address* |  | | | | | | | | | |
| *Educational background:* |  | | | | | | | | | |
| PPE information | *SAFETY SHOES SIZE* |  | | | *COVERALL SIZE* | | | | |  |
| *WEIGHT* |  | | | | | | | | | |
| *LENGTH* |  | | | | | | | | | |
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|  |  | | | | | | | | | |
| *Nearest Airport* |  | | | | | | | | | |
| **Section 3** | **Passport and VISA details** | | | | | | | | | |
|  |  | | | | | | | | | |
| *Country of Issue* |  | | ***UAE Visa - Type*** | | | |  | | | |
| *Date Issued* |  | | ***UAE VISA Expires*** | | | |  | | | |
| *Place Issued* |  | | ***UAE Visa - Type*** | | |  | | | | |
| *Passport Number* |  | | ***UAE VISA Expires*** | | |  | | | | |
| *Passport –Expires* |  | | ***Other Country Visa*** | | |  | | | | |
| *Secondary passport or Dual nationality* |  | | ***Visa Expiry*** | | |  | | | | |
|  |  | | | | | | | | | |
| **Section 4 ( hi-light as applicable)** | **Seaman Service Book (SSB) / Seaman Record Book / CDC** | | | | | | | | | |
|  |  | | | | | | | | | |
| ***Issuing Country & Place*** |  | | | ***Date Issued*** | | | | |  | |
| ***Number*** |  | | | ***Expiry Date (if any)*** | | | | |  | |
|  |  | | | | | | | | | |
| **Section 5** | **Next of Kin – this is important information we require- Don’t ignore it** | | | | | | | | | |
|  |  | | | | | | | | | |
| *Full Name / Relationship* |  | | | | | | | | | |
| *Any dependents / Children (incl age )* |  | | | | | | | | | |
| *Address* |  | | | | | | | | | |
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| **Section 6 STCW95Highest Certificate of Competency / Licence Held(** also list Flag State Endorsements**)** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| ***Class / Grade/Capacity*** | ***Issuing Country*** | | ***Certificate No.*** | | | ***Date Issued*** | | ***Expiry*** | | | ***Details of Limitations*** | | |
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| **ALSO ENTER ABOVE DETAILS OF ANY OTHER FLAG STATE CERTIFICATES HELD** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Section 7 STCW95 Dangerous Cargo Endorsements** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| ***Petroleum…………….***  ***Liquefied Gas……….***  ***Liquid Chemicals…….*** | | Certificate No. | | Date Issued | | | Expires | | Details of Limitations/ Grade | | | | |
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| **Section 8 STCW95 related Courses Attended and Certificates Obtained** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Name of Course / Certificate | | | STCW Code | | Place | | | Cert No. | | | Issue  Date | Expiry Date | |
|  | | | | | | | | | | | | | |
| Personal Survival Techniques | | | A- VI/1-1 | |  | | |  | | |  |  | |
| Basic Sea Survival / Training | | | A-VI/1 | |  | | |  | | |  |  | |
| Fire Prevention & Fire Fighting | | | A-VI/1-2 | |  | | |  | | |  |  | |
| Elementary First Aid | | | A-VI/1-3 | |  | | |  | | |  |  | |
| Personal Safety & Social Responsibility | | | A-VI/ 1-4 | |  | | |  | | |  |  | |
| Proficiency in Survival Craft & Rescue Boats | | | A-VI/ 2-1 | |  | | |  | | |  |  | |
| Proficiency in RESCUE CRAFTS | | |  | |  | | |  | | |  |  | |
| Advanced Fire Fighting | | | A-VI/ 3 | |  | | |  | | |  |  | |
| Medical & First Aid | | | A-VI/ 4-1 | |  | | |  | | |  |  | |
| Medical Care  ( Ship Captains Medical Course ) | | | A-VI/4-2 | |  | | |  | | |  |  | |
| Radar & ARPA Simulator Trg- Management level | | | A-II/ 1-2 | |  | | |  | | |  |  | |
| GMDSS **+ ENDORSEMENT** | | | A-IV/ 2 | |  | | |  | | |  |  | |
| Ship Security Officers Course (SSO)  **Issued under STCW95** | | | A-VI/ 5 | |  | | |  | | |  |  | |
| Medical Certificate / **HEALTH Certificate** | | |  | |  | | |  | | |  |  | |
| Drug and Alcohal test certificate | | |  | |  | | |  | | |  |  | |
| YELLOW FEVER | | |  | |  | | |  | | |  |  | |
| Bridge Team Management | | | A-II/2 | |  | | |  | | |  |  | |
| Bridge Resources Management | | | B-VIII/2 | |  | | |  | | |  |  | |
| Electronic chart Display and Information System course ( ECDIS ) | | |  | |  | | |  | | |  |  | |
| ISM Code | | | A.1441 (18) | |  | | |  | |  | | |  | |
| Other | | |  | |  | | |  | |  | | |  | |

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| **Section 9 Medical History** | | | | | | | |
|  | | | | | | | |
|  | | | | | | **YES** | **NO** |
| Have you ever signed off a ship due medical reason ? | | | | | |  |  |
| Have you undergone any medical operations in past? | | | | | |  |  |
| Have you consulted a doctor during the past 12 months for an illness / Accident | | | | | |  |  |
| Do you have any health or disability problem now? | | | | | |  |  |
|  | | | | | | | |
| If answer to any of above is YES then give further details below or on a separate sheet | | | | | | | |
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| **NOTE : The company have STRICT Alcohol and Drug Policy, Which means ZERO TOLERENCE for alcohol and drugs** | | | | | | | |
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| **Section 10 General** | | | | | | | |
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|  | | | | | | **Yes** | **No** |
| Have you ever been the subject of a court of enquiry or involved in a maritime accident | | | | | |  |  |
| Have you ever had a professional licence suspended or revoked | | | | | |  |  |
| Have you ever been convicted of any criminal offence? | | | | | |  |  |
| Have you ever been dismissed | | | | | |  |  |
|  | | | | | | | |
| If yes to any of above then please full details below or on separate sheet of paper | | | | | | | |
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| **Section 11 References (Last Two Recent Employers)** | | | | | | | |
|  | | | | | | | |
| Name of company | | |  | | | | |
| Name Person to be contacted | | |  | | | | |
| Address | |  | | | | | |
| Tel No |  | | | Fax |  | | |
| Email |  | | | | | | |
|  | | | | | | | |
| Name of company | | |  | | | | |
| Name Person to be contacted | | |  | | | | |
| Address | |  | | | | | |
| Tel No |  | | | Fax |  | | |
| Email |  | | | | | | |
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| **Section 12 ANY other information, you wish to add in support of your application** | | | | | | | |
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| **Section 13 Declaration** |
| I hereby declare that the above particulars are true and I authorize you to contact the referees listed above  **And confirm that All my certificates / Licences are Authentic / SEASERVICE RECORD is ACCURATE / And I confirm accepting Companies DRUG & ALCOHOL Policy** |
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| Signed Date ………………….. |

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|  | | **Section 14Record of Sea Service (All Dates to be entered as dd/mm/yy)** | | | | | | | | |
|  | | Please give full record of sea service STARTING FROM LAST VESSEL FIRST | | | | | | | | |
| **VESSEL** | **COMPANY** | | **Contact Nos. & E-mail address** | **Type of Vessel** | **IMO No** | **Type of Engines** | **BHP** | **RANK** | **Sign on DATE** | **Sign off DATE** | **DURATION**  **Months Days** | |
| **DWT** |
| **GRT** |
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|  | | **Section 14 Record of Sea Service (All Dates to be entered as dd/mm/yy)** | | | | | | | | |
|  | | Please give full record of sea service STARTING FROM LAST VESSEL FIRST | | | | | | | | |
| **VESSEL** | **COMPANY** | | **Contact Nos. & E-mail address** | **Type of Vessel** | **IMO No** | **Type of Engines** | **BHP** | **RANK** | **Sign on DATE** | **Sign off DATE** | **DURATION**  **Months Days** | |
| **DWT** |
| **GRT** |
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| **ADDITIONAL INFORMATION SHEET** | | | |
|  | | | |
| **VESSEL TYPE** | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| **MAXIMUM ACCEPTABLE CONTRACT PERIOD (Please indicate below)** | | | |
| **MINIMUM SALARY PER MONTH in US$ including leave pay ( please enter Only realistic figure ):** | | | |
| **Languages Spoken / Written / Understood (1-poor 5-Fluent)** | | | |
|  | **Spoken** | **Written** | **Understood** |
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| ***DRUG & ALCOHOL POLICY***  *The company have very strict NO DRUG and ALCOHOL POLICY, Which is required to be complied with at all times, which means* **“””ZERO TOLERANCE on ALCOHOL & DRUG”””**  *Your body must NOT have any ALCOHOL or DRUG substances from the time you board your flight or commence your travel to join vessel, and Must remain so Until you have completed full contract and returned to your home Airport / Town*  *If during the said period you are found under the influence of DRUG or ALCOHOL then ALL EXPENCES incurred which will include all your travel and recruiting costs, And your relief’s Travel and recruiting costs, And Any other costs whatsoever incurred due to your NON-COMPLIANCE will be deducted from your salary, Which will include but not limited to “damage to vessel her equipments and machineries, loss of charter, and any other costs Directly or indirectly connected with your NON-COMPLIANCE*  **Sign & CONFIRM ACCEPTANCE OF ABOVE POLICY………………………………………** | | | |
| **FOLLOWING DOCUMENTS COPIES MUST BE SENT TO US- send to us In separate Email** | | | |
| Licence or Certificate of competency, Any tanker endorsements, GMDSS showing expiry date in case of Deck Officers, Medical Fitness / Examination Certificate, Passport Main page, Seaman book or Discharge book Main pages, In case of DPO – DPO Cert, DP LOG Pages | | | |
| **FOLLOWING ADDITIONAL DOCUMENTS will ALSO BE REQUIRED – Send to us in separate email** | | | |
| All short courses certificates ( STCW95 ), SSO certificate, Last 3-5 years ships entries in Discharge book or Seaman book, Certificate of Equivelant Competency from other flag states | | | |