|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Date of Application |
|  |  |  |  |
| Family Name | Given Name | Place of birth | Date of birth |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone Number | Mobile Number | Email Address | Country of Residence |
|  |  |  |  |
| Home Address |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Height | Weight | Size of shoes | Size of overall |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Rank/Occupation | On board (Vessel Name) | Estimated joining date |
|  |  |  |

|  |
| --- |
| **Travelling Documents** |
| Documents | Issuing Authority | Number | Issue Date | Expiry Date | Place |
| National Passport |  |  |  |  |  |
| Seaman’s Book |  |  |  |  |  |

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| --- |
| **Medical Certificate** |
| Issuing Authority | Issuing Authority | Date of Examination | Expiration Date |
|  |  |  |  |

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| **Certificates of Competency** |
| Rank | Issuing Authority | Issue Date | Expiry Date | Number |
|  |  |  |  |  |
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| --- |
| **Other Flag State Endorsements** |
| Rank | Issuing Authority | Issue Date | Expiry Date | Number |
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| **Certificates of Training** |
| Certificate | Issuing Authority | Issue Date | Expiry Date | Number |
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| **Languages** |
| Native Language |  |
| Other Languages | Written | Spoken | Comprehension |
|  | Choose an item. | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. | Choose an item. |

| **Sea Service Experience** |
| --- |
| Service Period | Rank | Type | Name | DWT | Flag | Shipmanagement Company |
| From | To |
|  |  |  |  |  |  |  |  |
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| --- |
| **Next-of-Kin Contact Details** |
| Name & Surname | Relationship | Home Phone Number | Mobile Number |
|  |  |  |  |
| Home Address |
|  |

|  |
| --- |
| **Bank Details for Payroll** |
| Name of Beneficiary: |       |
| Beneficiary Home Address: |       |
| Seafarer’s Home Address: |       |
| Beneficiary Bank Name: |       |
| Bank Account: |       |
| Swift Code: |       |
| IBAN Number: |       |
| Correspondent Bank (if any): |       |
| Account: |       |
| Swift Code: |       |

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| **Bank Details for Home Allotment *(if differs from the above)*** |
| Name of Beneficiary: |       |
| Beneficiary Home Address: |       |
| Seafarer’s Home Address: |       |
| Beneficiary Bank Name: |       |
| Bank Account: |       |
| Swift Code: |       |
| IBAN Number: |       |
| Correspondent Bank (if any): |       |
| Account: |       |
| Swift Code: |       |

|  |
| --- |
| (Applicant’s Signature) |

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| --- |
| **Crewing Department / Manning Agent** |
| Nautical college / year graduated (applicable for Senior Officers) |
|        |
| Appearance  |
|        |
| Personality |
|        |
| Command of English language (*interview is conducted in English language*) |
|        |
| Salaries and other benefits |
|        |

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| **Indicative Questionnaire** |
| Which are your views on D&A policy? |
|        |
| What does the term DPA mean and which are his responsibilities? |
|        |
| Which are your views on Safety Committee meetings and how frequently should they be conducted? |
|        |
| Have you experienced any accidents? What lessons have you learned? |
|        |
| How would you ensure teamwork on-board? |
|        |
| Have you any definite plans for your career? |
|        |
| Have you previously worked in multinational workforce? |
|        |
| Have you experienced any difficulties on this? |
|        |
| Do you believe that you are obliged to make suggestion for improvement of the Company’s operations / performance? |
|        |
| Which particular aspects of work are you consider harder/more stressful? |
|        |
| Have you experienced any medical operation / serious illness in the last 12 months? |
|        |
| Is there any possibility to undergo any medical operation in the next 12 months? |
|        |
| **REFERENCES** *(to be completed by Crewing Department/Manning agent)* |
| Company 1:  |
|        |
| Company 2: |
|        |
|  |
| **In case of failure of recruitment and placement onboard of a seafarer the company will cover any monetary loss.**  |
| **Manning Agent**  *Name/Signature* |       |
| **Crewing Department** *Name/Signature* |        | Accepted |  Yes |  No |
| **Comments** |        |
|       |
|       |
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| **DPA** *Name/Signature* |        | Accepted |  Yes |  No |
| **Comments** |        |
|       |
|        |
|       |
|       |
|       |
| **Technical Department** *Name/Position/Signature* |        | Accepted |  Yes |  No |
| **Comments** |        |
|       |
|        |
|       |
|       |
|  |
| **Operations/Marine Department***Name/Position/Signature* |        | Accepted |  Yes |  No |
| **Comments** |        |
|       |
|       |
|       |
|       |
|       |
| **HSQE Department** *Name/Position/Signature* |       | Accepted |  Yes |  No |
| **Comments** |        |
|       |
|       |
|       |
|       |
|       |
| **General Manager** *Name/Position/Signature* |        | Accepted |  Yes |  No |
| **Comments** |        |
|       |
|       |
|       |
|       |
|       |
| **Interview Carried Out:** | At Head Office |       | Through Videoconference |       |