

Personal Data			AFFIX HERE YOUR RECENT PASSPORT SIZE PHOTOGRAPH
First Name	Middle Name	Last Name / Surname	
Nationality	Date Of Birth (dd/mm/yy)	Place of Birth	
Position Applied For	<input type="checkbox"/> Female <input type="checkbox"/> Male	Available date	
Present Rank	Sea Service in Rank (yrs)		

Home Address	Personal Documents	Issued on	Valid until
	Telephone1: Telephone2:	Passport (Country / Number)	
	Seaman's book		
	USA C1/D visa		
Next of Kin:	Schengen Visa		
E-Mail	Medical Fitness Certificate		
Weight (Kg)	Height (cm)		

National Certificates of Competence			Tanker Endorsements		
country _____			Management level <input type="checkbox"/> Operation level <input type="checkbox"/>		
Grade	Issued	Expires	Oil	Chemical	Gas
Valid Flag Endorsements	<input type="checkbox"/> Liberia	<input type="checkbox"/> Panama	<input type="checkbox"/> Marshall Islands	<input type="checkbox"/> Singapore	<input type="checkbox"/> Other _____
GMDSS General /Restricted			Flag State GMDSS Endorsements (list)		

Other valid certificates and training attended					
<input type="checkbox"/> Basic Safety Training	<input type="checkbox"/> Medical First Aid	<input type="checkbox"/> Medical Care	<input type="checkbox"/> ECDIS-Type Specific	<input type="checkbox"/> ECDIS-Generic	
<input type="checkbox"/> Advanced Fire Fighting	<input type="checkbox"/> Liquid Cargo Handling	<input type="checkbox"/> Ship Handling	<input type="checkbox"/> ERS/ Management	<input type="checkbox"/> ATOT / ATCT	
<input type="checkbox"/> SSBT / BTM	<input type="checkbox"/> Ship Security Officer	<input type="checkbox"/> SDSDSAT	<input type="checkbox"/> PSCRB	<input type="checkbox"/> BTOC	
Other (specify)					

Education History: Name of Institution / Level / Graduate Date:

Please answer the following questions:

- Did you suffer, or presently suffer from, any disease likely to render you unfit for services at sea or likely to endanger the health of other persons on board? YES NO
If yes, please provide details _____
- Did you suffer any accident, which rendered you temporary and/or partially disabled? YES NO
- Did you ever undergo psychiatric treatment YES NO
- Are you addicted to alcohol and/or drugs of any kind? YES NO
- Are you receiving any medical treatment, or taking any medication prescribed or not? YES NO
if yes, please provide details _____

I hereby declare that the above facts and information are true and accurate.

I further consent to the holding and processing by (i) the owners of any vessel on which I may be assigned from time to time and (ii) the Managers and any direct or indirect parent or subsidiary or associated or affiliated company of the Managers (together referred to as "the Companies") for the purposes of my employment, of personal data about me contained herein, or provided to any of the Companies at a later date, including with respect to personal and pensions administration, employee management and as required to comply with any laws, regulations or contracts applicable to any of the Companies or their businesses I understand that this data will be stored in the Managers' database for the purposes of my current or future employment arranged by the Managers. Further, I confirm that the above may involve the transfer of my personal data within the Managers' organization.

Place _____ **Date** _____ **Signature** _____

For Office Use

Initial assessment & comments by Crewing Manager and/or President:

Responsible person
Name / Signature _____ Date _____

