

APPLICATION FORM

1	Position										
Position applied for:											
Are you willing to accept any other positions? If YES, which positions would you consider?		YES		NO							
Are you responding to a media advertisement? If YES, please state which publication		YES		NO							
From what date will you be available?											
2	Personal details										
Name:		<small>(Last Name)</small>		<small>(First Names)</small>							
Date/place of birth:				Nationality							
Permanent address:											
Email address:											
		Post code:		☎ No.:							
Mailing address:											
		Post code:		☎ No.:							
3	Education Background										
School / College		From		To		Highest Qualification Attained					
4	Identity documents										
DOCUMENT		COUNTRY		NUMBER		ISSUED		PLACE		EXPIRY	
Int. Passport:		UKRAINE									
Seaman book:		UKRAINE									
		Bahamian									
		Liberian									
		Panamanian									
		Other									
Do you hold a US Visa 'C1/D'?				YES		NO					
Do you hold an Australian MCV?											
Have you been rejected for any visa applied for? If YES, please state the country and reasons				YES		NO					
5	Family details										
NEXT OF KIN:											
Name:		<small>(Last Name)</small>		<small>(First Names)</small>							
Address:						Post code:					
Contact telephone numbers:		1st.				2nd.					
Email Address:											
Names of Children				Sex				Date of Birth			
Wife full Name (if married)								Date of Birth			

6	CERTIFICATE OF COMPETENCY/ ENDORSEMENT RANK:				
	Issuing Country	Certificate No.	Date Issued	Place Issued	Valid Until

7	Dangerous Cargo Endorsements- NATIONAL				
		Certificate No.	Date Issued	Place Issued	Valid Until
	Petroleum				
	Liquefied Gas				
	Liquid Chemicals Other				

8	Dangerous Cargo Endorsements (Issued by countries other than in Section 7)				
	Country/Type	Certificate No.	Date Issued	Place Issued	Valid Until

9	Courses attended and certificates obtained					
	Course	Institution	Place	Date	Certificate No.	Valid Until
	GENERAL/ MANDATORY					
	GMDSS					
	PERSONAL SURVIVAL TECHNIQUES					
	PERSONAL SAFETY AND SOCIAL RESPONSIBILITY					
	FIRST AID* (ELEMENTARY / MEDICAL / SHIPMASTER'S MEDICARE)					
	PROFICIENCY IN SURVIVAL CRAFT AND FAST RESCUE BOATS					
	FIRE FIGHTING (BASIC / ADVANCED)					
	SHIP SAFETY OFFICER					
	NON-STCW '95					
	BRIDGE TEAM MANAGEMENT(DECK OFF)					
	BRIDGE ENGINE RESOURCE MANAGEMENT					
	ECDIS(DECK OFF)					
	SHIP HANDLING SIMULATOR(MAST/COFF)					
	ENGINE SIMULATOR					
	TANKER SPECIFIC					
	FAMILIARISATION / ADVNACED SAFETY COURSE OIL TANKER					
	FAMILIARISATION / ADVNACED SAFETY COURSE CHEM TANKER					
	FAMILIARISATION / ADVNACED SAFETY COURSE LPG TANKER					
	OTHER RELEVANT COURSES					
	RADAR/ARPA					

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Medical history		
Have you ever signed off a ship due to medical reasons?	YES	NO
Have you undergone any operation in the past?	YES	NO
Have you consulted a doctor during the last 12 months for an illness/accident?	YES	NO
Do you have any health or disability problems now?	YES	NO

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

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General		
Have you ever been the subject of a court of enquiry or involved in a maritime accident?	YES	NO
Have you ever had a professional license suspended or revoked?	YES	NO

(If YES, please give full details and attach a separate page if necessary)

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Working Gear		
Boiler Suit Size(9 S/M/L/XL/XXL)		
Safety Shoe size		

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References <i>(Please give the name and address of your current or immediate past employer)</i>		
Name of company		
Name of person to contact		
Address		
☎ No.		

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References <i>(Please list two contactable referees or past employers in addition to Section 14)</i>		
Name of company		
Name of person to contact		
Address		
☎ No.		

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Automatic review		
If immediate employment is not available do you wish to be considered for future vacancies?	YES	NO
If YES, please give any alternative contact details not shown in Section 2		

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Declaration
I hereby declare that the above particulars are true and authorise you to contact the referees listed above.

Signature

Date: _____