|  |
| --- |
|    ФОТО  |

# IsisMARINE AGENCY

# « IZIDA »

73000 Kherson Ukraine

9-go Janvarya str. 18 2nd floor, room 7

MARINE AGENCY "IZIDA"

Tel./fax. +380552262989 www.izida-9.com.ua

|  |
| --- |
| 1. PERSONAL INFORMATION |
| **POSITION APPLIED FOR** |  | **ALTERNATIVE (IF ANY)** |  |
| **LAST NAME** |  | **FIRST NAME**  |  FATHER’S NAME  |
| **MARITAL STATUS** |  | **NATIONALITY** | UKRAINE |
| **SEX** | **M** **[ ]  F** **[ ]**  | **BIRTH PLACE** |  | **DATE OF BIRTH** |  |
| **NO. OF CHILDREN (under 18)** |  | **NEAREST INTERNATIONAL AIRPORT** |  |
| **READINESS FOR WORK** |  | **PREFERABLE POSITION** |  |
| **MINIMAL WAGE** |  | **PREFERABLE TYPE OF VESSEL** |  |
| **2. ADDRESS (PERMANENT)** | **3. NEXT OF KIN**  |
| **ADDRESS** |  | **FULL NAME**  |  |
| **CITY / COUNTRY** |  | **RELATION**  |  |
| **TEL./FAX** |  | **ADDRESS** |  |
| **MOBILE** |  | **CITY / COUNTRY** |  |
| **E-MAIL** |  | **TEL./FAX** |  |
| 4. PERSONAL & TRAVEL DOCUMENTS |
| **DOC./VISA TYPE** | **DOC./VISA NO.** | **ISS.DATE** | **EXP. DATE** | **ISS. BY (AUTHORITY)** | **PLACE OF ISSUE** |
| **TRAVEL PAS.**  |  |  |  |  |  |
| **SEAMAN’S BOOK** |  |  |  |  |  |
| **US C1/D VISA** |  |  |  |  |  |
| **OTHER COUNTRIES SEAMAN’S BOOKS** |  |
| 5. EDUCATION  |
| **SCHOOL / ACADEMY NAME** |  | **FROM** |  | **TO** |  |
| **SCHOOL / ACADEMY NAME** |  | **FROM** |  | **TO** |  |
| 6. LICENSE AND COURSE INFORMATION |
| **CERTIFICAT’S / ENDORSEMENT’S** | **NUMBER** | **ISSUE DATE** | **EXPIRY DATE** | **RANK** | **ISSUED AT** |
| **CERTIFICATE OF COMPETENCY** |  |  |  |  |  |
| **ENDORSEMENT** |  |  |  |  |  |
| **CERTIFICATE GMDSS** |  |  |  |  |  |
| **ENDORSEMENT** |  |  |  |  |  |
| **STCW COURSES; ENDORSEMENTS** | **NUMBER** | **ISSUE DATE** | **EXPIRY DATE** | **ISSUED BY (AUTHORITY)** | **ISSUED AT** |
| **PERSONAL SURVIVAL** |  |  |  |  |  |
| **Basic Safety Traning** |  |  |  |  |  |
| **FIRE FIGHTING BASIC** |  |  |  |  |  |
| **FIRE FIGHTING ADVANCED** |  |  |  |  |  |
| **ELEMENTARY FIRST AID** |  |  |  |  |  |
| **MEDICAL FIRST AID** |  |  |  |  |  |
| **MEDICAL CARE** |  |  |  |  |  |
| **SURVIVAL CRAFT** |  |  |  |  |  |
| **FAST RESCUE BOATS** |  |  |  |  |  |
| **SHIP’S SECUR OFF** |  |  |  |  |  |
| **RADAR OBSERVER** |  |  |  |  |  |
| **ELECTR.** |  |  |  |  |  |
| **OIL TANKERS SPECIALIZED** |  |  |  |  |  |
| **CHEMICAL TANKER FAMIL.** |  |  |  |  |  |
| **ADV. CHEM. TANKER OPER.** |  |  |  |  |  |
| **LPG TANKER FAMIL.** |  |  |  |  |  |
| **ADV. LPG TANKER OPER.** |  |  |  |  |  |
| **PERMISSION ON OIL TANK.** |  |  |  |  |  |
| **PERMISSION ON CHEM TANK.** |  |  |  |  |  |
| **PERMISSION ON LPG TANK.** |  |  |  |  |  |
| **DANGEROUS CARGOES** |  |  |  |  |  |
| **ISM CODE (SHIP SAFETY OFF)** |  |  |  |  |  |
| **HEALTH CERTIFICATE: APPARAT** |  |  |  |  |  |
| **ENGLISH LANGUAGE CERTIFICATE:** |  |  |  |  |  |
| **YELLOW FEVER**  |  |  |  |  |  |
| **7. LANGUAGES (use: very good, good, satisfactory, fair, poor)** |
| **ENGLISH** |  | **GERMAN** |  | **RUSSIAN** |  | **SPANISH** |  |
| **OTHER LANGUAGES:** |  |

|  |  |
| --- | --- |
|  | 9. SEAFARER’S SAILING RECORD |
| **NAME:** |  | **RANK:** |  | **8. SALARY EXPECTED (USD):** |  |
| **VESSEL NAME** | **COMPANY NAME** | **VESSEL TYPE** | **RANK** | **GT** | **MAIN ENGINE TYPE** | **ME POWER** | **AUTOMATION** | **FLAG** | **SIGNED ON** | **SIGNED OFF** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Additional info:** |
|  |
| **10. REFERENCES** |
| **VESSEL** | **SHIPOWNER/SHIPMANAGEMENT NAME AND ADDRESS** | **CONTACT PERSON** | **PHONE NO.** | **FAX NO.** | **E-MAIL** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***Hereby I certify that the above information is true and accurate to the best of my ability and that no certificate of competence or license issued to me has ever been revoked or suspended. I understand that previous employers may be asked for information concerning my employment record with them and i hereby release from liability or damage those individuals or companies who provide such information.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Name Date Signed