**SEAFARER’S APPLICATION FORM**

|  |  |
| --- | --- |
| Position Applied |  |
| Ship Type |  |
| Wages scale |  |

1. ***Personal Information***

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Rank |  |
| Date of Birth |  | Place of Birth |  |
| Nationality |  | NRC No. |  |
| Height in cm |  | Weight in Kg |  |
| Marial Status |  | No. of Children |  |
| Shoe size |  | Coverall size |  |
| Contact Number |  | Email address |  |
| Full Address |  |
|  |
|  |
| Next of Kin |  | Relation with NOK |  |
| Contact Number |  | Email address |  |
| Full Address |  |
|  |
|  |

1. ***Educational Background***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School/Collage/University | From Year | To Year | Place/Location | Type of Certification |
|  |  |  |  |  |
|  |  |  |  |  |

1. ***Others Competency (if Available)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Issued by | Grade | Number | Issued/Expiry |
|  |  |  |  |  |
|  |  |  |  |  |

1. ***Communication Proficiency / Skill***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| English | Very Good  | Good  | Average  | Poor  |
| Others |  |  |  |  |
|  |
| ***[5] Medical Certification*** |
| Certificate Number | Issued Date | Expiry Date | Issued by | Remarks |
|  |  |  |  |  |
| Yellow Fever |
|  |  |  |  |  |
| Panama Medical Certificate/Others |
|  |  |  |  |  |

1. ***Seafarer Documents***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Number | Issued Date | Expiry Date | Issued by |
| SIRB |  |  |  |  |
| SID |  |  |  |  |
| COC |  |  |  |  |

1. ***Travel Documents***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Passport number | Issued Date | Expiry Date | Issued By | Place of Issued |
|  |  |  |  |  |
| US Visa Type; |  |  |  |  |

1. ***Others***

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Company |  | Last Salary | USD |

1. ***Certificate of Competence***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Number** | **Grade** | **Issued Date** | **Expiry Date** | **Issued By** | **Remarks** |
| COC / All in One |  |  |  |  |  |  |
| BST |  |  |  |  |  |  |
| PSC & RB |  |  |  |  |  |  |
| SSO |  |  |  |  |  |  |
| SSA/DSD |  |  |  |  |  |  |
| TF |  |  |  |  |  |  |
| AOT |  |  |  |  |  |  |
| ACT |  |  |  |  |  |  |
| AGT |  |  |  |  |  |  |
| ECDIS Type Specific Training |  |  |  |  |  |  |
| BTM/ERTM |  |  |  |  |  |  |
| BRM/ERRM |  |  |  |  |  |  |
| Safety Officer Course |  |  |  |  |  |  |
| Hazardous Cargoes Training |  |  |  |  |  |  |
| High Voltage Certificate |  |  |  |  |  |  |
| Food Handling Certificate |  |  |  |  |  |  |
| Welder Certificate |  |  |  |  |  |  |
| Recognized certificates |  |  |  |  |  |  |

1. ***Previous Sea Experience***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vessel Name** | **Flag** | **Company** | **BHP** | **Type** | **Build** | **GT** | **Rank** | **From** | **To** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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\* I hereby declare that all of the above entries have been made with consent and are correct.

Name and Rank : REMARKS:

Submitted with Original  /Scanned copied

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1. CDC 
2. COC 
3. Passport 
4. SID 
5. Last SEA 

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