

APPLICATION FORM FOR DECK OFFICERS

Position applied for:

Date of availability:

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GENERAL INFORMATION

Surname		Date / Place of birth	
First name		Marital Status	
Father's name		Citizenship	
Color of eyes	Height (cm)	Weight (kg)	Size Shoes/Overall
Address			
Telephone		e - mail	
Next of kin		Date / Place of birth	
Address		Telephone	
Parents' Name	Father:	Mother:	Maiden name:
No. of children under 18			
Nearest airport			

Documents/Certificates	Document No.	Place Issued	Date Issued	Expiry Date
Passport international				
Seaman's Identification Card				
Endorsement				
Basic safety training and instruction				
Fire-fighting Leader				
Proficiency in survival craft & rescue boats				
Medical AID/CARE				
Hazardous Cargoes				
ARPA-Certificate				
Radar Observer				
GMDSS Certificate				
Endorsement				
Ship safety officer				
Ship security officer				
BTM Certificate				
Ship Security Awareness VI/6-1; VI/6-2				
Yellow Fever Certificate				
ECDIS				

LAST 5 YEARS SEA SERVICE DATA:

BUILT	VESSEL'S NAME	TYPE	GRT	RANK	PERIOD	COMPANY	FLAG

"I hereby explicitly consent that my personal data can be captured, processed and stored by the crewing agents and prospective employer as is necessary for the company to offer me employment on board one of their vessels under crewing management. This includes, but is not limited to, sharing my data with owners, charterers, port agents, manning agents, authorities and travel agents. The prospective employer undertakes to use this information solely in connection with assessing whether to offer me employment, and for no other purpose. In accordance with GDPR, I understand I have rights regarding my data, and can contact the crewing agent at any time to exercise these rights."

I hereby affirm that all the information provided by me in this Form is true and correct to the best of my knowledge .

" "

(SEAFARER'S SIGNATURE)

ENGLISH TEST:

PROFESSIONAL TEST:

ADD. INFORMATION:

INTERVIEW FORM FOR DECK OFFICERS

NAME:

FIRST NAME:

RANK:

<u>DETAILS OF VESSELS SAILED ON</u>	NAME	NAME	NAME
	VESSELS TYPE		
GRT			
LOA			
BUILT			
TRADING AREA			
NO OF TEUS (for container ship)			
NO OF CREW			
NATIONALITY OF CREW			
<u>CONTACTS FOR REFERENCES</u>			
NAME			
TELEPHONE NUMBER			
FAX NUMBER			
PERSON IN CHARGE			

PROFESSIONAL EXPERIENCE AND KNOWLEDGE OF EQUIPMENT

1	EDUCATION		8	TELEPHONE EQ.	
2	CRANES, DERRIKS		9	TELEGRAPHY EQ.	
3	LOADMASTERS		10	COMPUTERS PC	
4	STABILITY CALC.		11	HEAVY LIFTS	
5	GMDSS		12	RO/RO RAMPS/LIFTS	
6	SATCOM		13		
7	ARPA/RADAR		14		

ABILITIES AND SKILLS

15	MANUAL STABILITY CALC.			
16	PREPARING AND TRANSMITTING OF TLX AND TELEGRAMS			
17	REPAIR OF SMALL ELECTRIC FAILURES			
18	REPAIR OF ELECTRONIC FAILURES ON RADAR/GYRO			
19	HELPING AND GUIDING ELECTRICIAN			
20	ABLE TO PERFORM ADMINISTR. WORK (PORT CLEARANCE)			
21	PREPARE ACCOUNTS ON MASTER'S REQUEST			
22	EXPERIENCE OF SINGLE MATE			
23	ABLE TO MANAGE AVERAGE/LARGE REPAIRS OF HULL AND DECK			
24	EXPERIENCE OF MEDICAL ASSISTANCE			
25	HELPING AND GUIDING CHIEF MATE DURING CARGO OPERATIONS			

		GOOD	FAIR	POOR
26	KNOWLEDGE OF ENGLISH			
27	GENERAL APPEARANCE			
28	PROFESSIONAL IMPRESSION			

PLACE _____

DATE _____

SIGNATURE _____