



SEAMAN'S APPLICATION FORM

P H O T O

1. SURNAME: _____ NAME: _____ RANK: _____

2. FATHER'S NAME: _____ MOTHER'S NAME: _____

3. BIRTH DATE: _____ PLACE: _____

4. SBK NBR: _____ ISSUED: _____

PPORT NBR: _____ ISSUED: _____ EXPIRY: _____

A.F.M: _____ TAX AUTHORITY: _____ A.M.K.A.: _____

MILITARY SERVICE: _____

5. MARITAL STATUS: _____ WIFE'S NAME: _____

CHILDREN: _____ YEAR OF BIRTH: _____

6. ADDRESS: _____ PHONE: _____

E-MAIL ADDRESS: _____ MOBILE: _____

7. NEXT OF KIN NAME: _____

ADDRESS: _____ PHONE: _____

8. LICENCES & CERTIFICATES: _____

SCHOOL GRADUATED: _____ ENGLISH LANGUAGE: _____

WATCHKEEPING	<input type="checkbox"/>	MEDICAL CARE	<input type="checkbox"/>
FIRE FIGHTING (VI)	<input type="checkbox"/>	SIMULATOR / BRM / ERM	<input type="checkbox"/>
ADVANCED F.F. (VI/3-1)	<input type="checkbox"/>	SSO / CSO (ISPS)	<input type="checkbox"/>
ECDIS (GENERIC)	<input type="checkbox"/>	YELLOW FEVER	<input type="checkbox"/>
ECDIS (TRANSAS)	<input type="checkbox"/>	USA VISA	<input type="checkbox"/>
OIL TANKER SAFETY (V/1) (V/1-2)	<input type="checkbox"/>	AUSTRALIAN MARITIME CREW VISA	<input type="checkbox"/>
MEDICAL CARD	<input type="checkbox"/>	STRESS TEST (ABOVE 40YEARS OLD)	<input type="checkbox"/>

9. ACCIDENTS RECORD:

COLLISION GROUNDING FIRE POLLUTION

10. DAMAGES:

HULL MACHINERY CARGO

11. HEIGHT: _____ WEIGHT: _____ SHOES: _____ OVERALLS: _____ PARKA: _____

12. MEDICAL RECORDS: _____

13. REASONS FOR LEAVING PREVIOUS COMPANIES: _____

14. REFERENCES:

COMPANY: _____ NAME: _____ POSITION: _____

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SHIP'S NAME	COMPANY'S NAME	D.W.	VESSEL'S TYPE	TYPE ENG / CARGO	RANK	DURATION OF SERVICES		TOTAL MONTHS	REASON OF DISEMB/TION
						FROM	TO		

APPLICANT (NAME): _____ **SIGNATURE** _____ **DATE:** _____

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INTERVIEW
<i>Initial interview is to be carried out by Marine Personnel Manager / Head of Manning Agency. Interviews with other Company's Department Managers, will follow only if initial interview is satisfactory.</i>

MARINE PERSONNEL MANAGER / HEAD OF MANNING AGENCY	
NAME/SIGNATURE	
Training courses on top of STCW	
Which are your views on Safety Committee meetings and how frequently should they be conducted?	
Have you previously worked with multinational workforce?	
Have you experienced any difficulties on this?	
Do you believe that you are obliged to make suggestion for improvement of the Company's operations / performance?	
Which particular aspects of work do you consider harder/more stressful?	
Date of availability:	
ACCEPTED	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS	
DATE:	

COMPANY DEPARTMENTS	
SQ - MARINE DEPT. MANAGER (ONLY FOR SENIOR OFFICERS MASTER-C/O)	
NAME/SIGNATURE	
ACCEPTED	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS	
DATE:	

TECHNICAL MANAGER (ONLY FOR C/E-2/E)	
NAME/SIGNATURE	
ACCEPTED	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS	
DATE:	

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OPERATIONS MANAGER <i>(ONLY FOR MASTER-C/O)</i> <i>NAME/SIGNATURE</i>		
ACCEPTED	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS		
DATE:		
COO <i>(ONLY FOR MASTER-C/E)</i> <i>NAME/SIGNATURE</i>		
ACCEPTED	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS		
DATE:		

INTERVIEW CARRIED OUT: AT HEAD OFFICE THROUGH VIDEOCONFERENCE