APPLICATION FORM

**Photo**

## Office 401, 25-B Mira Avenue,

## 68600, Izmail, Odessa Region, Ukraine

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|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Rank:  |  |
| Surname: |  | Position required:  |  |
| Date of birth | Place of birth | Citizenship | Marital status:  |  |
|  |  |  | Next of kin, relation:  |  |
| **Address:** |  | Next of kin, address: |  |
| Tel:  |  | Email:  |  | Next of kin’s phone: |  |
| Last medical certificate: | Height (sm.):  |  | Overall: |  |
| Place:  |  | Date of expiry:  |  | Weight (kg.):  |  | Shoes: |  |

**EDUCATION:**

|  |  |  |
| --- | --- | --- |
| **NAME OF COLLEGE OR ACADEMY** | **QUALIFICATION** | **DEGREE** |
|  |  |  |
|  |  |  |

## PERSONAL DOCUMENTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Number** | **Issued** | **Expires** | **Place of issue** |
| **DOCUMENTS** | **NUMBER** | **ISSUED ON** | **VALID TILL** | **PLACE OF ISSUE** |
| **SEAMAN’S BOOK:** |  |  |  |  |
| **TRAVEL PASSPORT:** |  |  |  |  |
| **CIVIL PASSPORT:** |  |  |  |  |
| **MEDICAL FITNESS CERTIFICATE:** |  |  |  |  |
| **D&A TEST:** |  |  |  |  |
| **YELLOW FEVER VACCINATION:** |  |  |  |  |
| **OTHER VACCINATIONS:** |  |  |  |  |

CERTIFICATES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | **Number** | **Issued** | **Expires** | **Place of issue** |
| **CERTIFICATE OF COMPETENCY, GRADE** |  |  |  |  |
| **ENDORSEMENT** |  |  |  |  |
| **GMDSS CERTIFICATE OF COMPETENCY** |  |  |  |  |
| **GMDSS ENDORSEMENT** |  |  |  |  |
| **BASIC SAFETY TRAINING** |  |  |  |  |
| **ADVANCED FIRE FIGHTING** |  |  |  |  |
| **PROFICIENCY IN SURVIVAL CRAFT** |  |  |  |  |
| **MEDICAL FIRST AID** |  |  |  |  |
| **MEDICAL CARE** |  |  |  |  |
| **SHIP SECURITY OFFICER (ISPS)** |  |  |  |  |
| **SHIP SAFETY OFFICER (ISM)** |  |  |  |  |
| **HAZMAT / DANGEROUS CARGOES** |  |  |  |  |
| **ARPA** |  |  |  |  |
| **RADAR OBSERVATION** |  |  |  |  |
| **ECDIS** |  |  |  |  |
| **BRIDGE TEAM MANAGEMENT** |  |  |  |  |
| **ENGINE ROOM RESOURCE MANAGEMENT** |  |  |  |  |
| **MAINTENENCE OF ELECTRICAL AND ELECTRONIC ENGINEERING**  |  |  |  |  |
| **DESIGNATED SECURITY DUTIES** |  |  |  |  |
| **SECURITY AWARNESS TRAINING FOR ALL SEAFARERS** |  |  |  |  |
| **ENGLISH LEVEL**  |  |  | **Excellent** |  | **Good** | **✓** | **Fair** |  | **Poor** |  |
| **Marlins Test**  | **%:** |  | **Licence code:** |  |

**SEA SERVICE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company name** | **Vessel’s name** | **Flag** | **Type** | **Engine type, HP** | **GRT/ DWT** | **Rank** | **From** | **To** |
|  |  |  |  |  |  |  |  |  |
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**REFERENCE CHECK OF 2 LAST EMPLOYERS (CONTACT DETAILS):**

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**DECLARATION:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, undersigned, hereby affirm that all information provided by me in this Form is true and correct and I understand that my working contract will be cancelled without notifying if any of submitted information and documents are voted as false. Also, I have been advised and agree to recover expenditure of Shipowner and/or Crewing Agency, which can be occurred due to wrong information or faulty documents from me. I understand that previous employers may be asked for information concerning my Employment record with them and I hereby release from all liability or damage those individual or companies who provide such information

SEAMAN’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_