APPLICATION FORM

**Photo**

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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:**

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| --- | --- | --- |
| **NAME OF COLLEGE OR ACADEMY** | **QUALIFICATION** | **DEGREE** |
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## PERSONAL DOCUMENTS

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| --- | --- | --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_