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| **APPLICATION FORM** | | | |  |
| **Main information** | | | | |
| **Position** |  | **Desired Type of Ship** |  | |
| **Desired salary** |  | **Available from** |  | |
| **Name** |  | **Surname** |  | |
| **Citizenship** |  | **Date of birth** |  | |
| **Phones** |  | **Country of residence** |  | |
| **E-mail address** |  | **City/ Address** |  | |
| **Skype** |  | **USA visa valid up** |  | |
| **English level** |  | **Schengen visa valid up** |  | |

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| **Passports / Smbk** | **#** | **Date of issue** | **Place of issue** | **Date of expire** |
| **Seaman's book** |  |  |  |  |
| **International passport** |  |  |  |  |
| **Diplomas** | **#** | **Date of issue** | **Place of issue** | **Valid up** |
| **Rank** |  | | | |
| **Professional license** |  |  |  |  |
| **Endorsement** |  |  |  |  |
| **Certificates** | **#** | **Date of issue** | **Place of issue** | **Valid up** |
| **GMDSS Operator** |  |  |  |  |
| **GMDSS Endorsement** |  |  |  |  |
| **Basic Safety Training** |  |  |  |  |
| **Advanced Fire Fighting** |  |  |  |  |
| **Medical care** |  |  |  |  |
| **Medical First aid** |  |  |  |  |
| **Proficiency in Survival craft** |  |  |  |  |
| **Security Awareness Training** |  |  |  |  |
| **Security training for seafarers with designated security duties** |  |  |  |  |
| **Designated security duties of shipboard personnel** |  |  |  |  |
| **Radar Management** |  |  |  |  |
| **Ship handling arrangements** |  |  |  |  |
| **Ship security officer** |  |  |  |  |
| **Electronic chart display and information systems (ECDIS)** |  |  |  |  |
| **Tanker familiarization** |  |  |  |  |
| **Oil tank specialized training** |  |  |  |  |
| **Cmk tank specialized training** |  |  |  |  |
| **LGtank tank specialized training** |  |  |  |  |
| **Crude oil washing of oil tankers** |  |  |  |  |
| **Passenger vessel training** |  |  |  |  |
| **Bridge team management** |  |  |  |  |
| **HUET (Helicopter underwater escape training - OPITO approved)** |  |  |  |  |
| **BOSIET (OPITO approved)** |  |  |  |  |
| **Offshore Medical (OPITO approved)** |  |  |  |  |
| **ARAMCO approve** |  |  |  |  |
| **Crane operator courses** |  |  |  |  |
| **DP maintenance** |  |  |  |  |
| **H2S Alive course** |  |  |  |  |
| **Fast Rescue Boats course** |  |  |  |  |
| **DP basic course** |  |  |  |  |
| **DP advanced course** |  |  |  |  |
| **DP Full** |  |  |  |  |

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| **Medicine** | **#** | **Date of issue** | **Place of issue** | **Valid up** |
| **Medical fitness certificate:** |  |  |  |  |
| **Alco-drug certificate:** |  |  |  |  |
| **Yellow fever:** |  |  |  |  |

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| **Flag Documents and Other Countries Seaman's Books** | | | | |
| **Country** | **№** | **Document type** | **Date of issue** | **Date of expire** |
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| **Sea experience (reverse order)** | | | | | | |
| **Position** | **Name** | **Type** | **DWT/GTN** | **ME Type/kW** | **From - Till** | **Employer** |
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| **Additional info** | | | |
| **Education:** | | **Knowledge of other languages:** | |
| **Specialty:** | | **Lathe machine skills:** | |
| **Second (relative) specialty:** | | **Welding skills:** | |
| **Next of Kin** | | | |
| **Next of kin:** | | **Phone:** | |
| **Name, Surname:** | | **Address:** | |
| **Biometrical** **data** | | | |
| **Sex** | **Height:** | | **Overall size:** |
| **Eyes color:** | **Weight:** | | **Shoe size:** |
| **Additional info** | | | |
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