

SEAFARER'S APPLICATION FORM

1
PHOTO

POSITION APPLIED FOR:			DATE:		
SURNAME		GIVEN NAME		MIDDLE NAME	
PLACE OF BIRTH		DATE OF BIRTH (dd/mm/yy)		NATIONALITY	
FATHER'S NAME			MOTHER'S NAME		
PERMANENT ADDRESS		TEL. NUMBER(S)		MOBILE NUMBER(S)	
NAME NEXT OF KIN / RELATIONSHIP			NEXT OF KIN TEL NUMBER(S)		
MOTHER LANGUAGE			OTHER LANGUAGE		
ENGLISH LANGUAGE (Tick as appropriate)	<i>SPEAKING</i>	VERY GOOD	GOOD	SATISFACTORY	POOR
	<i>READING</i>	VERY GOOD	GOOD	SATISFACTORY	POOR
	<i>WRITING</i>	VERY GOOD	GOOD	SATISFACTORY	POOR

EMPLOYMENT RECORD FOR AT LEAST 5 LAST YEARS
(starting with the latest in chronological order)

NAME OF VESSEL	TYPE OF VESSEL	DWT	RANK	PERIOD OF EMPLOYMENT	MANAGERS	CONTACT TELEPHONE(S)	DISEMB/TION REASON

TO BE COMPLETED FOR ENGINE CREW ONLY
(starting with the latest in chronological order)

NAME OF VESSEL	DWT	MAKER/TYPER OF ENGINE	RANK	PERIOD OF EMPLOYMENT	MANAGERS	CONTACT TELEPHONE(S)	DISEMB/TION REASON

DOCUMENTS / CERTIFICATES				
	DOCUMENT NUMBER	DATE ISSUED	EXPIRY DATE	ISSUED BY
SEAFARER'S BOOK				
PASSPORT				
COC				
GOC				
SSO				
(PROFICIENCY IN) SECURITY AWARENESS TRAINING				
BASIC SAFETY TRAINING				

CONDITION OF HEALTH (Tick as appropriate)		
GOOD	FAIR	POOR
Any illness or allergies known. If YES, please specify:		

OTHER PERSONAL DATA			
Height / Weight		Size of Clothes / Shoes	

DECLARATION
The information provided here above is true/correct and have been checked, copies of which are submitted along with this Employment Application.

SEAFARER'S NAME	
RANK	
SIGNATURE	

MANNING AGENT	
NAME	
SIGNATURE	