

SEAFARER APPLICATION FORM

POSITION APPLYING FOR RANK: **MESSMAN**

1. PERSONAL INFORMATION

NAME		Nalia		Ernesto	
SURNAME		Gomez		Gonzales	
DATE OF BIRTH (YYYY-MM-DD)		2024-Sep-27			
NATIONALITY		Panamenian			
SEX		M	CIVIL STATUS		soltero
HEIGHT (Ft/in)	M	WEIGHT (Lb)	soltero	BMI	soltero

COMPLETE HOME ADDRESS		BARRIADA EL ALBA ENTRANDO POR EL		NEARLY AIRPORT			
		CHINO NUEVO MUNDO					
PHONE/CELL		WHATSAPP		E-MAIL		ADDRESS	
LANGUAGES	SPANISH	Dato2 100%	ENGLISH	Dato3 80%	OTHERS	Dato4 50%	
Dato5	Dato6		Dato7		Dato8		
MARLINS / LANGUAGE TEST							
Dato1	Dato2		Dato3		Dato4		
TOTAL %	ISSUE DATE		PLACE OF ISSUE				
Dato5	Dato6		Dato7		Dato8		
Dato1	Dato2		Dato3		Dato4		
2. EMERGENCY CONTACT / NEXT OF KIN							
Dato5	Dato6		Dato7		Dato8		
Dato1	Dato2		Dato3		Dato4		
EMERGENCY CONTACT / NEXT OF KIN							
Dato5	Dato6		Dato7		Dato8		
RELATIONSHIP	COMPLETE NAME		TELEPHONE NUMBER / MOBILE				
Dato1	Dato2		Dato3		Dato4		
Dato5	Dato6		Dato7		Dato8		
Dato1	Dato2		Dato3		Dato4		
Dato5	Dato6		Dato7		Dato8		
Dato1	Dato2		Dato3		Dato4		
Dato5	Dato6		Dato7		Dato8		
Dato1	Dato2		Dato3		Dato4		
Dato5	Dato6		Dato7		Dato8		
Dato1	Dato2		Dato3		Dato4		
Dato5	Dato6		Dato7		Dato8		
Dato1	Dato2		Dato3		Dato4		

Vessel A

Company B

Vessel B

Company B

Vessel B

Vessel A

Company B

Vessel B

Company B

Vessel B

Vessel A

Company B

Vessel B

Company B

Vessel B

Vessel A

Vessel B

Company B

Vessel B

01/02/2023

Vessel A

02/02/2023

Company B

Vessel B

02/02/2023

Company B

Vessel B

Vessel A

02/02/2023

Company B

Vessel B

02/02/2023

Company B

Vessel B

Vessel A

02/02/2023

Company B

Vessel B

02/02/2023

Company B

Vessel B

Vessel A

02/02/2023

Company B

Vessel B

02/02/2023

Company B

Vessel B

01/02/2023

Vessel A

Company B

Vessel B

4. Personal Documentation / Seafarer Documentation

PERSONAL DOCUMENTATION / SEAFARER DOCUMENTATION		
TYPE OF DOCUMENT / ID		
COUNTRY OF ISSUE		
NO.		ISSUED AT (PLACE)
DATE OF ISSUE (MM / DD / YYYY)		
VALID UNTIL (MM / DD / YYYY)		

5. TRAINING AND CERTIFICATION.

STCW CERTIFICATES	
DESCRIPTION OF CERT / COURSE	
COUNTRY OF ISSUE	
NUMBER	
DATE OF ISSUE (MM/DD/YYYY)	
DATE OF EXPIRY(MM/DD/YYYY)	

6. WORK EXPERIENCE ONSHORE

DATE ON(MM/DD/YYYY)
DATE OFF(MM/DD/YYYY)
COMPANY NAME / SHIP-OWNER
DUTIES OR RESPONSABILITIES
RANK/POSITION
REASON FOR LEAVING
NAME OF CONTACT PERSON & TELEPHONE NUMBER

7. HIGHEST LEVEL OF EDUCATION / OTHER TRAINING OR CERTIFICATE

HIGHEST LEVEL OF EDUCATION / OTHER TRAINING OR CERTIFICATE
--

NAME OF EDUCATION	
INSTITUTION /	
TECHNICAL INSTITUTE /	
UNIVERSITY	
OBTAINED TITLE OR	
GRADE	
DATE	
ON(MM/DD/YYYY)	
DATE	
OFF(MM/DD/YYYY)	

8. VACCINATION BOOK

VACCINATION BOOK

TYPE OF VACCINE	COUNTRY	DOZE	DATE OF ISSUE (MM / DD / YYYY)
VACCINATION MARK			

9. SKILLS / RESPONSIBILITIES / LEARNING EXPERIENCE / ACHIEVEMENTS

SKILLS / RESPONSIBILITIES / LEARNING EXPERIENCE / ACHIEVEMENTS	YES	NO
--	-----	----