SEAFARER APPLICATION FORM

POSITION APPLYING FOR RANK: BOSUN

1. PERSONAL INFORMATION

PHOTO IN COLOR AND IN PROFESSIONAL DRESS.

NO CASUAL PHOTOS.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME |  | |  | | |
| SURNAMES |  | |  | | |
| DATE OF BIRTH  (MM/DD/YYYY) |  | | | | |
| IDENTIFICATION NUMBER |  | | | | |
| NATIONALITY |  | | | | |
| SEX |  | | CIVIL STATUS |  | |
| HEIGH (FT/in) |  | WEIGHT (Lb) |  | BMI |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COMPLETE HOME ADDRESS | |  | | | | NEARLY AIRPORT | | |  | | |
| PHONE/CELL |  | | | WHATSAPP |  | | | E-MAIL | |  | |
| LANGUAGES | ENGLISH | |  | SPANISH |  | | OTHERS | | |  | % |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| MARLINS / LANGUAGE - TEST | | | | | | |
| TOTAL % | | ISSUE DATE | | | PLACE OF ISSUE | |
| % | | % | | | % | |
| LISTENING | GRAMMAR | | VOCABULARY | TIME AND NUMBERS | | READING |
| % | % | | % | % | | % |

2. EMERGENCY CONTACT / NEXT OF KIN

|  |  |  |  |
| --- | --- | --- | --- |
| EMERGENCY CONTACT / NEXT OF KIN | | | |
| RELATIONSHIP | COMPLETE NAME | TELEPHONE NUMBER / MOBILE | ADDRESS |
|  |  |  |  |

3. WORK EXPERIENCE ONBOARD

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DATE ON  (MM/DD/YYYY) | DATE OFF  (MM/DD/YYYY) | COMPANY NAME | VESSEL NAME | IMO # | GT /  HP | TYPE OF VESSEL | RANK/POSITION |
|  |  |  |  |  |  |  |  |

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)** |
| **COC II/5** |  |  |  |  |  |
| **COC II/4** |  |  |  |  |  |
| **B1/ B2** |  |  |  |  |  |
| **FLAG CERTIFICATES** |  |  |  |  |  |
| **FLAG SEAMANBOOK** |  |  |  |  |  |
| **MCV** |  |  |  |  |  |
| **PASSPORT** |  |  |  |  |  |
| **SEAMAN´S BOOK (NATIONAL)** |  |  |  |  |  |
| **US VISA C1-D** |  |  |  |  |  |

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)** |
| **Basic Safety Maritime Training Course (BST)** |  |  |  |  |
| **Proficiency in personal Survival Techniques 1.19** |  |  |  |  |
| **Fire prevention and firefighting 1.20** |  |  |  |  |
| **Elementary first Aid 1.13** |  |  |  |  |
| **Personal Safety and social responsibilities 1.21** |  |  |  |  |
| **Security Awareness Training for all seafarers Course 3.27** |  |  |  |  |
| **Security Awareness Training for all seafarers with designated security Duties Course 3.26** |  |  |  |  |
| **Safety training for personnel proving direct services to passenger in passenger spaces 1.44** |  |  |  |  |
| **Passenger ship Crowd Management Training 1.41** |  |  |  |  |
| **Passenger ship crisis management training 1.42** |  |  |  |  |
| **Passenger Safety, cargo safety and Hull Integrity Training. 1.29** |  |  |  |  |
| **Proficiency in the Management of Survival Crafts and rescue boats Course 1.23** |  |  |  |  |
| **Basic Training for Oil and chemical cargo tanker Operations 1.01** |  |  |  |  |
| **Advanced Fire Fighting 2.03** |  |  |  |  |
| **Ratings forming part of a navigational watch** |  |  |  |  |

**6. WORK EXPERIENCE ONSHORE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DATE ON  (MM/DD/YYYY) | DATE OFF  (MM/DD/YYYY) | COMPANY NAME | DUTIES OR RESPONSIBILITIES | 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** | **COUNTRY OF ISSUE** | **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** |
| **COVID BOOK** |  | **FIRST DOZE** |  |  |
| **COVID BOOK** |  | **SECOND DOZE** |  |  |
| **COVID BOOK** |  | **BOOSTER** |  |  |
| **YELLOW FEVER** |  |  |  |  |

**9. SKILLS / RESPONSIBILITIES / LEARNING EXPERIENCE / ACHIEVEMENTS**

|  |  |  |
| --- | --- | --- |
| **Mark the following skills/ responsibilities/ learning experience / achievements if you have knowledge, competence, and experience about:** | **YES** | **NO** |
| Skilled professional sailor, responsible, reliable, proactive, and well-organized, with strong managerial and organizational skills in the maintenance and conservation of the vessel's decks and superstructures. |  |  |
| Have you carried out the task on board related to the able boded seaman (Abs) and ordinary Seaman (Oss) for work assignment? |  |  |
| Do you consider yourself to have the leadership qualities necessary to manage a multicultural crew? |  |  |
| Have you performed operations relevant to port cargo? |  |  |
| Do you have Knowledge of inventory management and ensure that there are sufficient inventories of all supplies and tools used by the deck department? |  |  |
| Do you have control of the operations carried out in the docking and undocking port have been supervised, including mooring ropes and/or anchor chains are properly fastened? |  |  |
| **Do you have full knowledge of all day-to-day deck operations related to maintenance and deck procedures including?** | **YES** | **NO** |
| * Anchor windlass, chains, and anchors |  |  |
| * Mooring winches, ropes, and springs |  |  |
| * Cranes, derricks and associated auxiliary equipment |  |  |
| * Lifeboats, davits and associated auxiliary equipment. |  |  |
| Supervises the crew to ensure that all deck-planned maintenance is carried out within the specified time periods given by deck Maintenance officer. |  |  |
| Responsible for ensuring that all working routines and procedures associated with entering and working in confined spaces are strictly adhered to. |  |  |
| Do you have knowledge on how to report and fill out accident/incident reports? |  |  |
| **Do you always follow all working routines and procedures associated with safety & environmental procedures?** | **YES** | **NO** |
| Do you understand of the Company Safety & environmental protection quality management program and the responsibilities in the safety organization according to the emergency evacuation plan, as well as station bill? |  |  |
| Have you collaborated in carrying out firefighting drills on board the ship? |  |  |
| **Do you have Knowledge of the responsibility that the crew in charge properly use the appropriate protective equipment?** | **YES** | **NO** |
| Have you ensured that crew is using at all times the proper safety and protection equipment in the daily deck operations and the critical working areas are appropriately and adequately isolated? |  |  |
| Do you have knowledge of the care of hazardous material and chemicals and all areas where these areas are in use within the deck department? |  |  |
| Have you known of the proper handling and storage of chemicals and hazards? (Including the correct storage of the paint) |  |  |
| **Exceptional quality of work with outstanding results** | **YES** | **NO** |
| Time management |  |  |
| Team worker |  |  |
| Good leader |  |  |
| Honest and hardworking |  |  |
| Can you work effectively on team or independently |  |  |
| Neat and well organized |  |  |
| Respect and good treatment towards to my other colleagues. |  |  |
| Have your ever been nominated employee of the month |  |  |
| Can effectively perform with less or without supervision |  |  |