SEAFARER APPLICATION FORM

POSITION APPLYING FOR RANK: FITTER

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 an Engineering Watch 7.09** |  |  |  |  |
| **Able Engine Course** |  |  |  |  |

**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** |
| Have you contributed, supported, and performed all machinery space watches always following company´s procedures, rules, and regulations as fitter? |  |  |
| Do you have knowledge and experience in equipment maintenance? |  |  |
| Do you have a welding certificate by one of the following LR, ABS, DNV? |  |  |
| Do you have knowledge and experience in welding, including TIG and MIG? |  |  |
| Do you have knowledge in the handling and storage of the equipment used on board? |  |  |
| Have you worked under the supervision of various departments, for example the deck and engine department? |  |  |
| Are you aware that all overtime performed must be authorized and reported to the officer in charge, depending on the area and nature of the work performed? |  |  |
| **Do you always follow all working routines and procedures associated with safety & environmental procedures?** | **YES** | **NO** |
| Have you worked with supervisors and subordinates to understand and comply with the company´s environmental policies and be committed to safeguarding the environment? |  |  |
| Are you aware of the mechanisms to inform your superior about any situation on board that puts the environment at risk or the environmental system does not function properly onboard? |  |  |
| Are you aware that it is your responsibility to keep the equipment and tools in good working order? |  |  |
| **I have carried out the procedures and supported all engine-planned maintenance including:** | **YES** | **NO** |
| Do you have Knowledge in overhauling of pumps? |  |  |
| Do you have Knowledge in operating lathe machine? |  |  |
| Do you have Knowledge in carrying out must steelwork, including stainless steel? |  |  |
| Do you have Knowledge in Pipe installation and fitting? |  |  |
| Do you have experience assisting with overhauling of diesel engines and auxiliary systems? |  |  |
| Do you have experience taking all reading on main engine and generators, and auxiliary equipment? |  |  |
| Do you always follow up on all working routines and procedures associated with entering and working in confined spaces, and donning hard helmets, safety belts and other PPE? |  |  |
| **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 |  |  |
| Can effectively perform with less or without supervision |  |  |
| Respect and good treatment towards my other colleagues. |  |  |
| Have you ever been nominated employee of the month? |  |  |