SEAFARER APPLICATION FORM



POSITION APPLYING FOR RANK: HOTEL STAFF

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| **NAME** |  | |  | |
| **SURNAMES** |  | |  | |
| **DATE OF BIRTH**  **(YYYY-MM-DD)** |  | | | |
| **NATIONALITY** |  | | | |
| **SEX** |  | **CIVIL STATUS** | |  |

1. PERSONAL INFORMATION

PHOTO IN COLOR AND IN PROFESSIONAL DRESS.

NO CASUAL PHOTOS.

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

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

2. EMERGENCY CONTACT / NEXT OF KIN

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| --- | --- | --- | --- |
| **EMERGENCY CONTACT / NEXT OF KIN** | | | |
| **RELATIONSHIP** | **COMPLETE NAME** | **TELEPHONE NUMBER / MOBILE** | **ADDRESS** |
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**3. HIGHEST LEVEL OF EDUCATION / OTHER TRAINING OR CERTIFICATE**

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| **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)** |
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**4. WORK EXPERIENCE ONSHORE**

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| --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |
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**5. WORK EXPERIENCE ONBOARD**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE ON**  **(MM/DD/YYYY)** | **DATE OFF**  **(MM/DD/YYYY)** | **COMPANY NAME** | **VESSEL NAME** | **IMO #** | **GT /**  **HP** | **TYPE OF VESSEL** | **RANK/POSITION** |
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1. Personal Documentation /Seafer Documentation

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

7. TRAINING AND CERTIFICATION.

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| --- | --- | --- | --- | --- |
| **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** |  |  |  |  |
| **COOK MLC 2006 certificate** |  |  |  |  |

8. VACCINATION BOOK

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| **VACCINATION BOOK** | | | | |
| **TYPE OF VACCINE** | **COUNTRY** | **DOZE** | **DATE OF ISSUE**  **(MM / DD / YYYY)** | **VACCINATION MARK** |
| **COVID BOOK** |  | **FIRST DOZE** |  |  |
|  | **SECOND DOZE** |  |  |
|  | **BOOSTER** |  |  |
| **YELLOW FEVER** |  | **UNLIMITED** |  | **OTHERS** |

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for office use only.

9. OBSERVATIONS:

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| DATE | COMMENTS | VALIDATED BY: |
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