SEAFARER APPLICATION FORM



POSITION APPLYING FOR RANK: BOSUN

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  |  |  |  |  |

5. 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** |  |  |  |  |
| **Basic Cargo Training operations for oil and chemical tanker Course 1.01** |  |  |  |  |
| **Advanced Fire Fighting 2.03** |  |  |  |  |
| **Deck Rating Course / WDR** |  |  |  |  |

**6. 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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**7. 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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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** |

9. SKILLS / RESPONSIBILITIES / LEARNING EXPERIENCE / ACHIEVEMENTS

|  |  |  |
| --- | --- | --- |
| **Skills / Responsibilities / Learning Experience / Achievement** | **Yes** | **No** |
| **FOR: BOSUN** |  |  |
| **Mark the follow skills/ responsibilities/ learning experience / achievements if you have knowledge, competence, and experience about:** | | |
| Skills professional sailor, responsible, reliable, proactive and well organized with good managerial and organizational skills on 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?** | | |
| * Anchor windlass, chains, and anchors |  |  |
| * Mooring winches, ropes, and springs |  |  |
| * Cranes, derricks and associated auxiliary equipment |  |  |
| * Lifeboats, davits and associated auxiliary equipment. |  |  |
| Supervises 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. |  |  |
| Have you had knowledge on how to report and fill out accident/incident reports? |  |  |
| **Do you always followed all working routines and procedures associated with safety & environmental procedures?** | | |
| 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?** | | |
| 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 for the hazardous material and chemicals and all areas where these area 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** | | |
| Time management |  |  |
| Team worker |  |  |
| Good leader |  |  |
| Honest and hardworking |  |  |
| Can 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 |  |  |

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for office use only.

10. OBSERVATIONS:

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| DATE | COMMENTS | VALIDATED BY: |
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