SEAFARER APPLICATION FORM

PHOTO IN COLOR AND IN PROFESSIONAL DRESS.

NO CASUAL PHOTOS.



POSITION APPLYING FOR RANK: OILER/WIPER

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

1. PERSONAL INFORMATION

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

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

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 III/4** |  |  |  |  |  |
| **COC III/5** |  |  |  |  |  |

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 Cargo Training operations for oil and chemical tanker Course 1.01** |  |  |  |  |
| **Advanced Fire Fighting 2.03** |  |  |  |  |
| **Engine Rating Course / WER** |  |  |  |  |
| **Able Engine Course** |  |  |  |  |

**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** |
| **COVID BOOK** |  | **FIRST DOZE** |  |  |
|  | **SECOND DOZE** |  |  |
|  | **BOOSTER** |  |  |
| **YELLOW FEVER** |  | **UNLIMITED** |  | **OTHERS** |

9. SKILLS / RESPONSIBILITIES / LEARNING EXPERIENCE / ACHIEVEMENTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SKILLS / RESPONSIBILITIES / LEARNING EXPERIENCE / ACHIEVEMENTS** | Yes | | | No |
| **For: Oiler** |  | | |  |
| **Mark the follow skills / responsibilities / learning experience / achievements if you have knowledge, competence, and experience about:** | | | | |
| I have contributed, supported, and performed all machinery space watches always following company´s procedures, rules, and regulations as motorman / oiler |  | | |  |
| I was also responsible for the inspection, operation, and testing, as required, of all machinery and equipment under may responsibility also assisting engineers during the machinery maintenance schedule |  | | |  |
| Hard working team player and quick to learn individual |  | | |  |
| I was also responsible for helping the EWO or Engineer advised regarding the status of the vessel and assigned equipment, always in compliance with the company´s environmental policies and be committed to safeguarding the environmental. |  | | |  |
| **For: Wiper** | | | | |
| Highly motivated and keen to learn from superiors |  | | |  |
| As wiper always keeping all the machinery spaces clean, tidy, and sanitized at all times. |  | | |  |
| Also participating in maintenance work, under supervision. Washing and rinse the floors, in daily basis, and painted at all times |  | | |  |
| In the event something went wrong it was reported immediately to the EOW. Ensures that relevant signs are posted, and advance notice was given when maintenance, repair, or cleaning operations |  | | |  |
| Performed al related duties and worn the proper PPE as required at all times |  | | |  |
| **I have procedures of the supported and carried out in all engine-planned maintenance including:** | | | | |
| Main engine |  | | |  |
| Purifiers room |  | | |  |
| Auxiliary Engine and Generators |  | | |  |
| I.G. Fans |  | | |  |
| Central Coolers |  | | |  |
| Main Engine Air Coolers |  | | |  |
| Painting & Cleaning Engine room and tanks |  | | |  |
| Assisting on transferring and sounding fuel / oil / sludge |  | | |  |
| Assisting over hauling pumps, valves, and others. |  | | |  |
| Engine inventory and storing |  | | |  |
| Loading and unloading |  | | |  |
| Taking all reading on main engine and generators, and auxiliary equipment |  | | |  |
| Always followed 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:** | | | | |
| Time management | |  |  | |
| Team Worker | |  |  | |
| Good Leader | |  |  | |
| Honest and hardworking | |  |  | |
| Can work effectively on team or independently | |  |  | |
| Neat and well Organized | |  |  | |
| Can effectively perform with less or without supervision | |  |  | |
| Respect and good treatment towards to my other colleagues. | |  |  | |
| Have your ever been nominated employee of the month? | |  |  | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for office use only.

10. OBSERVATIONS:

|  |  |  |
| --- | --- | --- |
| DATE | COMMENTS | VALIDATED BY: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |