



APPLICATION FORM

Positions applied for:	or	Date of readiness:		
Surname:		Name:		
Father's name:		Mother's name:		
Date of birth:		Nationality		
Place of birth:		Marital status:		
Home Address:		Contact Phone:		
E-mail:				
Next of kin:				
Next of kin's address:		Next of kin's phone №:		
		PASSPORTS and CERTIFICATES		
DOCUMENT	NUMBER	ISSUED DATE	VALID UNTIL	PLACE
TRAVEL PASSPORT:				
SEAMAN'S BOOK:				
CIVIL PASSPORT:				
U.S. VISA:				
OTHER VALID VISA:				
CERTIFICATE OF COMPETENCY # 1				
RANK / CAPACITY				
ENDORSEMENT OF CERTIFICATE # 1				
CERTIFICATE OF COMPETENCY # 2				
RANK / CAPACITY				
ENDORSEMENT OF CERTIFICATE # 2				
CERTIFICATE	NUMBER	ISSUED DATE	VALID UNTIL	PLACE
GMDSS CERTIFICATE/ENDORSEMENT				
BASIC SAFETY TRAINING				
PROFICIENCY IN SURVIVAL CRAFT				
ADVANCED FIRE FIGHTING				
MEDICAL FIRST AID / MEDICAL CARE				
SHIPS SECURITY OFFICER				
DESIGNATED SECURITY DUTIES				
SECURITY AWARENESS				
SHIPS SAFETY OFFICER / ISM				
RADAR NAVIGATION, RADAR PLOTTING AND USE OF ARPA				
DANGEROUS & HAZARDOUS CARGOES				
BRIDGE TEAM MNGT/ ENGINE ROOM RESOURCE MNGT				
ECDIS GENERIC				
BASIC TRAINING FOR OIL & CHEMICAL TANKER CERTIFICATE				
ADV. TRAINING FOR OIL / CHEMICAL TANKER CERTIFICATE				
BASIC TRAINING FOR OIL AND CHEMICAL TANKER - ENDORSEMENT				
ADV. TRAINING FOR OIL / CHEMICAL TANKER -ENDORSEMENT				
BASIC/ADV. TRAINING FOR GAS TANKER ENDO				
HIGH VOLTAGE EL. EQUIPMENT				
ECDIS SPECIFIC				
COOK / MESSMAN (MLC-2006)				
YELLOW FEVER CERTIFICATE				
COVID-19 VACCINATION CERTIFICATE				



APPLICATION FORM

PREVIOUS SEA SERVICE									
FROM	TO	POSITION	NAME OF VESSEL	TYPE OF VESSEL	TYPE OF ENGINE	BUILD YEAR	DWT	FLAG	CREWING AGENT

BRIEF INFORMATION ABOUT PREVIOUS EMPLOYERS		
COMPANY	PERSON IN CHARGE	CONTACT DETAILS (Phone Number, e-mail)

I hereby confirm that above information is true and correct to the best of my knowledge. I understand that this information will be held in the computer database due to my real or possible employment. Signing it, I willfully give my permission to collect and process my personal information and to use it in all and legal way. I give my permission for my personal information to be provided to the possible employers and any other persons, if such need arises for my employment. Besides, I permit the LLC LEYA SHIP MANAGEMENT employees to request personal information (data) about me from my former employers.

Date:		Signature	
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