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| **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** | | |  |  | | | |  | |  | |

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| **PREVIOUS SEA SERVICE** | | | | | | | | | | | | | | | |
| **FROM** | **TO** | | **POSITION** | **NAME OF VESSEL** | | | **TYPE OF VESSEL** | **TYPE OF ENGINE** | | **BUILD YEAR** | | **DWT** | | **FLAG** | **CREWING AGENT** |
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| **BRIEF INFORMATION ABOUT PREVIOUS EMPLOYERS** | | | | | | | | | | | | | | | |
| **COMPANY** | | | | | **PERSON IN CHARGE** | | | | | | **CONTACT DETAILS (Phone Number, e-mail)** | | | | |
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|  | | 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** | | | |  | | |