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|  | **FLEET PERSONNEL MANUAL** | | Document No. | | FPP 03-01 |
| Revision No. & Date | | 02, 01.04.2023 |
| Page | | 1 of 4 |
|  | **EMPLOYMENT APPLICATION FORM** | | | |  |
| Name of Applicant: | | (Surname) (Given Name) (Middle Name) | | **Photo** | |
| Rank Applied for: | |  | |
| Date of Application: | |  | |
| Direct Application: | | Yes No (if **No,** indicate below the agency name) | |
| Agency Name: | |  | |
| Availability: | |  | |

**Basic Information**

Nationality Mother Full Name

Religion Sector / Sub caste

Date of Birth & Age Place & Country Of Birth Permanent Address

Telephone Numbers Mobile Number: (Home)

Email Mobile No.:(UAE, KSA,QA)

Marital Status(please mark)

Next of kin / Relative to be contacted (in case of emergency)

Nearest International Airport, Country

MarriedSingle Name:

Contact Details:

Other:

Relation:

Passport Number Country of Issue Seaman Book Number Country of Issue

**PPE Details**

Boiler Suite Size

**Certificate of Competency Details**

Certificate Grade Certificate Number STCW Regulation Endorsement Number

**GMDSS Certificate Details** Certificate Number Endorsement Number

Date Issued Expiry Date Date Issued Expiry Date

Safety Shoe Size

Expiry Date Country Of Issue Revalidation Date Expiry Date

Expiry Date Expiry Date

**Flag Documents** (*If the document is available, provide the expiry date)*

**COC Endorsement**

**Seaman’s Book**

**St. Vincent**

**Panama Others:**

(Specify)

Available

 YesNo

 YesNo YesNo

Expiry Date

Available Yes No

Yes No

Yes No

Expiry Date

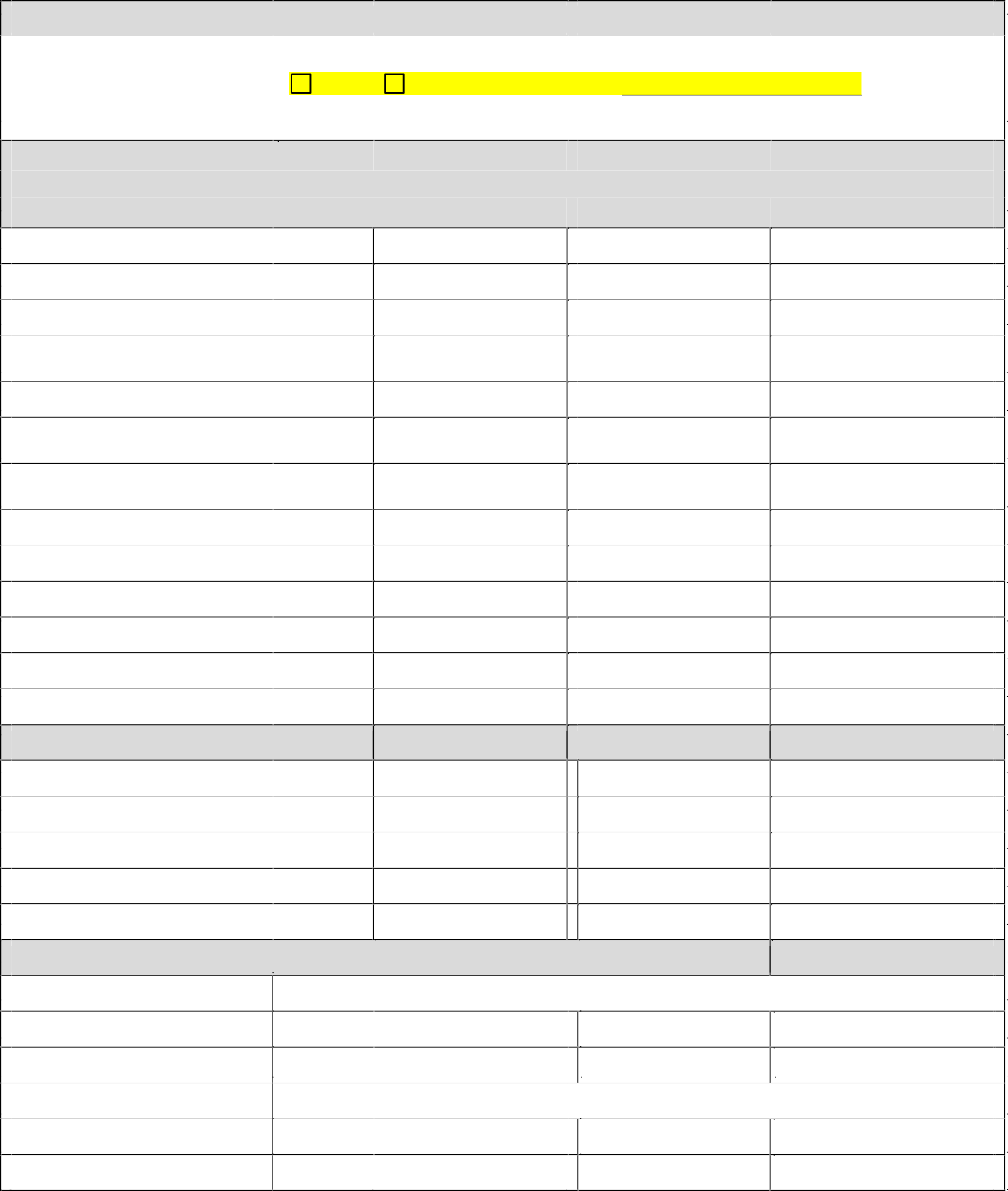
Available

 YesNo

 YesNo YesNo

Expiry Date

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|  | **EMPLOYMENT APPLICATION FORM** | |  |

**Client Approval**

Do you have the valid document for the below? If yes, indicate the issue date.

1. Client Approval Client Name:

Yes No Issue Date:

**STCW Certificate Details**

*All must be valid – If validity of certificate is not mentioned on the certificates, expiry dates to be considered as 3 years from date of issue of certificate.*

Basic Safety Training Personal Survival Techniques

Proficiency in Survival Crafts &

Rescue Boats

Basic / Advanced Fire Fighting

Basic First Aid / Medical Care / Medical First Aid

Personal Safety & Social Responsibility

Automatic Radar Plotting Aid [ARPA] Radar Observer Course [ROC] Ships Security Awareness / Officer ECDIS

Bridge/Engine resource management DP Certificate / Maintenance **Offshore Training Certificate Details**

BOSIET - OPITO H2S - OPITO HERTM - OPITO HERTL - OPITO

**Issue Date**

**Issue Date**

**Expiry Date**

**Expiry Date**

**Issued At**

**Issued At**

Reference From Last Two Employers [All details are Mandatory]

Company 1 *Company Name (not the manning agents, must be Owners)*

Contact Person Name Designation

Contact Numbers Country

Company 2 *Company Name (not the manning agents, must be Owners)*

Contact Person Name Designation

Contact Numbers Country

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| Record of Sea Service  *(Recent Vessel/MOU First)* | | | | | | | | | | | | | |
| Vessel Name | Company (Owners) | Rank | Type of Vessel | Propulsion type  AZ, CPP | Flag | Area of operation | GT | Type of  Engine | BHP | Bollard Pull | Sign on Date (DD:MM:YYYY | Sign of Date  (DD:MM: | Duration (Days : Month) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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* **Note: Type of Engines & BHP: Mandatory for Engineers**

*I hereby confirm that all the above furnished details are true.*

Name:

Rank:

Signature:

**DECK Officers Experience**

PERIOD OF OPERATION (in Months)

Vessel Name

Charterer

Area of Operation

(Oil field)

DP (TYPE OF OPERATION,

HOURS)

ANCHOR HANDLING

TOWING

SUPPLY

DSV

SURVEY

ANCHOR

TYPE

ANCHOR

WEIGHT

BARGES

RIG

MOVE

SELF ELEVATING BARGE

None

Propelled

Propelled

**Name:**

**Signature:**

**Date:**