



Attach Photo

PT. Seafarindo

APPLICATION FOR EMPLOYMENT

USING ELIGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

1. Personal Information

Last Name:	
First Name:	Middle Name(s):
Date of Birth (mm/dd/yy):	Birth Place (city):
Country of Birth:	Nationality:
Gender: Male / Female	Hair Color:
Weight: ____ lbs. or ____ kgs.	Height: ____ feet ____ inches or ____ cm
Do you have Tattoos? No / Yes	
Are the tattoos visible when wearing short-sleeved shirts, shorts or skirts? No / Yes	

2. Contact Information

Permanent Address	
Street 1:	Street 2:
City:	State/Province:
Zip/Postal Code:	Country:
Phone Numbers (include country codes and area codes) and E-mail	
Home Phone:	Mobile Phone:
E-mail Address:	

3. Dependant Information

Marital Status: Single / Married / Divorced / Widowed / Other	
Number of children under 18 years of age?	

Emergency Contact Information

In the event of an emergency, I would like the company to contact the following person or persons:	
Person 1	Relationship:
Last Name:	
First Name:	Middle Name(s):
Home Phone:	Mobile Phone:
Email Address:	
Person 2	Relationship:
Last Name:	
First Name:	Middle Name(s):
Home Phone:	Mobile Phone:
Email Address:	

4. Position Desired

Position Desired :	Salary Desired (USD):
Have you worked on cruise ships before: Yes/No	If yes, list last company:

5. Documentation Information				
Passport Information				
Passport Number:			Passport Nationality:	
Date of Issue (mm/dd/yyyy):			Place of Issue:	
Date of Expiration (mm/dd/yyyy):				
Crew Visas				
Type	Yes/No	Date of Expiration (mm/dd/yyyy)	Visa No	Type
C1/D	Yes / No			
C1	Yes / No			
D	Yes / No			
Schengen	Yes / No			
Other 1	Yes / No			
Other 2	Yes / No			
STCW Certification				
Type	Yes/No	Date of Expiration (mm/dd/yyyy)	Certificate Number	
Elementary First Aid (BST)	Yes / No			
Fire Prevention & Fire Fighting (BST)	Yes / No			
Personal Safety & Social Responsibility (BST)	Yes / No			
Personal Survival Techniques (BST)	Yes / No			
Crowd Management & Passenger Safety	Yes / No			
Crisis Management & Human Behavior	Yes / No			
Security Awareness	Yes / No			
Seaman's Books				
Type	Yes/No	Date of Expiration (mm/dd/yyyy)	Number	Nationality
National	Yes / No			
Flag State 1	Yes / No			
Flag State 2	Yes / No			
Other Certificates				
Type	Yes/No or Not Applicable	Date of Issue (mm/dd/yyyy)	Date of Expiration (mm/dd/yyyy)	Comments
Ship's Cook	Yes / No / Na			
Other 1	Yes / No / Na			
6. Employment History				
List most recent employer first				
Employer/Company Name:			Company Phone No:	
Position Held:			Supervisor Name:	
From (mm/dd/yyyy):			To (mm/dd/yyyy):	
Starting Salary in USD:			Ending Salary in USD:	
Reason for Leaving:				
Employer/Company Name:			Company Phone No:	
Position Held:			Supervisor Name:	
From (mm/dd/yyyy):			To (mm/dd/yyyy):	
Starting Salary in USD:			Ending Salary in USD:	

Reason for Leaving:	
Employer/Company Name:	Company Phone No:
Position Held:	Supervisor Name:
From (mm/dd/yyyy):	To (mm/dd/yyyy):
Starting Salary in USD:	Ending Salary in USD:
Reason for Leaving:	

7. Education					
	School Name and City	No. of Years	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Major/Diploma
High School:					
College:					
University:					
Apprenticeship:					
Other:					
8. Languages					
Language:	Proficiency Level Speak:		Proficiency Level Write:		
English (mandatory):	Beginner / Intermediate / Fluent		Beginner / Intermediate / Fluent		
Spanish:	Na / Beginner / Intermediate / Fluent		Na / Beginner / Intermediate / Fluent		
French:	Na / Beginner / Intermediate / Fluent		Na / Beginner / Intermediate / Fluent		
German:	Na / Beginner / Intermediate / Fluent		Na / Beginner / Intermediate / Fluent		
Other 1_____:	Beginner / Intermediate / Fluent		Beginner / Intermediate / Fluent		
Other 2_____:	Beginner / Intermediate / Fluent		Beginner / Intermediate / Fluent		

I hereby certify that all information contained in this application form is true and correct, and I understand that any mis-representation or intentional omissions are grounds for denial of hire or reason for dismissal.

Signature of Applicant

Date (mm/dd/yyyy)

Please do not write in the space below. This section is to be completed by the recruitment agency.

Agency Name		Location	
Prescreened: Yes / No	Name of Prescreener:	Date of Prescreen:	
References checked: Yes / No	References checked by:		
Criminal Background Check: Yes / No	Background checked by:		

Interview Results:

Apollo Interviewer:

Comments / Observations:

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Date:

Division:

Approved Position:

Approved Salary: 5 / 4 / 2 / 1

Overall Rating:

English: 5 / 4 / 2 / 1

Tech. Prof. : 5 / 4 / 2 / 1

Attitude: 5 / 4 / 2 / 1

Grooming: 5 / 4 / 2 / 1

Social Skill: 5 / 4 / 2 / 1

Energy: 5 / 4 / 2 / 1

Org. Fit: 5 / 4 / 2 / 1

Confidence: 5 / 4 / 2 / 1

