

MATTHEW PETER MARCELINE

28LUCKY STREET
LA ROMAIN

Mobile: 868 297-3777

TO: HUMAN RESOURCE MANAGER

RE: REQUEST FOR EMPLOYMENT

Dear sir/madam

I humbly request your attention to submit my resume to your organization. I'm an able bodied, tall well built individual who Who has over 12 years in the industrial and marine field? I've had experience with quite a few different job trades and description Which you will see in my work experience

I'm applying for the position of a deckhand abs or structural welder, I'm a very dedicated hard working individual who adapts quickly and is Able to handle tough tasks with minimum supervision. With my experience And knowledge I think it will make me a valuable assets to and within your Organization

I take this time to thank you for reading my resume and hope you see it fit to call me at your request.

Thanking you in advance.

YOURS TRULY

MATTHEW P. MARCELINE

COMPANIES & POSITIONS YEAR

- **BAROID TRINIDAD SERVICE** JULY 2000-MAY 2003
- (STRUCTUAL WELDER)
- **2) DAMUS LTD** AUG 2003-MAY 2005
- (WELDER HELPER/STR. WELDER)
- **SADHNA PETROLEUM SERVICES** JUNE2005-JULY2007
- (WELDER/RIGGER)OFFSHORE
- **4) DAMUS LTD** AUG 2007-MAY 2009
- (WELDER/RIGGER/LORRY MAN)
- (PRO MAN/DOWN STREAM)(PETROTRIN)
- **5) SADHNA PETROLEUM** MAY 2009-FEB 2010
- (WELDER)OFFSHORE/ONLAND
- **6) SADEVEN WEST INDINES** MAY 2010-DEC 2010
- RIGGER
- **7) CARA SUITES HOTEL** DEC 2010-MAY 2013
- EXECUTIVE HOUSEMAN
- **8) ASSOCIATED MARINES LTD** JAN 2013-AUG 2013
- (DECK HAD/WELDER)OFFSHORE
- **CREW MOVERS LTD** SEPT 2014-MARH 2015
- WELDER DECKHAND



Institute No: TT 001

Marine Safety (Training & Consultants) Limited

CERTIFICATE OF PROFICIENCY

ISSUED UNDER THE PROVISIONS OF THE
INTERNATIONAL CONVENTION ON STANDARDS OF TRAINING,
CERTIFICATION AND WATCHKEEPING FOR SEAFARERS 1978
AS AMENDED

MARINE SAFETY (TRAINING & CONSULTANTS) LIMITED
Under the authority of the
MARITIME SERVICES DIVISION
OF THE REPUBLIC OF TRINIDAD AND TOBAGO

MARINE SAFETY (TRAINING & CONSULTANTS) LIMITED certifies that

Matthew Marceline

has received

*Certificate of Proficiency for Seafarers in
Security Awareness with Designated Security Duties
In accordance with the requirements of the International Ship and Port Facility Security
(ISPS) Code Under the International Convention for the Safety of Life at Sea (SOLAS), 1974*

Training in accordance with the provisions of Regulations A-VI/6-2
of the above Convention, as amended.

Certificate No. 12058 issued on 27 September, 2016


Signature of duly authorised official

Ansel Aubin
Name of duly authorised official

The original of this Certificate must be kept available in accordance with Regulation 1/2, paragraph of the Convention while serving on a ship.

Date of birth of holder of the certificate 11:05:1981
day/month/year

Signature of the holder of the certificate *Matthew Marceline*





Institute No: TT 001

Marine Safety (Training & Consultants) Limited

CERTIFICATE OF PROFICIENCY

ISSUED UNDER THE PROVISIONS OF THE
INTERNATIONAL CONVENTION ON STANDARDS OF TRAINING,
CERTIFICATION AND WATCHKEEPING FOR SEAFARERS 1978
AS AMENDED

MARINE SAFETY (TRAINING & CONSULTANTS) LIMITED

Under the authority of the
MARITIME SERVICES DIVISION
OF THE REPUBLIC OF TRINIDAD AND TOBAGO

MARINE SAFETY (TRAINING & CONSULTANTS) LIMITED certifies that

Matthew Marceline

has received

*Basic Safety Training in Personal Survival Techniques, Fire Prevention & Fire Fighting,
Elementary First Aid, Safety and Social Responsibilities*

Training in accordance with the provisions of Regulations A-VI/1-1 to A-VI/1-4
of the above Convention, as amended.

Certificate No. 12049 issued on 26 September, 2016

Signature of duly authorised official

Ansel Aubin



Name of duly authorised official

The original of this Certificate must be kept available in accordance with Regulation 1/2, paragraph of the Convention while serving on a ship.

Date of birth of holder of the certificate. 11 : 05 : 1981
day/month/year


Signature of the holder of the certificate. Matthew
Marceline




 **Republic of
TRINIDAD
and
TOBAGO** 
NATIONAL IDENTIFICATION CARD

Matthew Marceline

NAME
MARCELINE, MATTHEW PETER

Lennox Hancox CHIEF ELECTION OFFICER 

MARCELINE, MATTHEW PETER		
<small>DATE OF ISSUE</small> 2014-07-11		<small>EXPIRY DATE</small> 2024-07-11
<small>DATE OF BIRTH</small> 1981-05-11		<small>REGISTRATION No.</small> 19810511052
<small>CITIZENSHIP STATUS</small> TRINIDAD & TOBAGO		<small>PLACE OF BIRTH</small> SAN FERNANDO
<small>SEX</small> M	<small>COLOUR OF EYES</small> BROWN	<small>HEIGHT cm</small> 196
<small>SOCIAL ASSISTANCE No.</small>		<small>COLOUR OF SKIN</small> DBROWN.
<small>BLOOD GROUP</small>		<small>NATIONAL INSURANCE No.</small>





CONTINUOUS CERTIFICATE

with a copy if desired
of the MASTER'S

APPROVED BY THE
MINISTRY OF WORKS AND TRANSPORT
FOR ISSUE IN TRINIDAD
AND TOBAGO

Name of Seaman, in full			Date of Birth
MATTHEW PETER MARCELINE			11 TH May 1981
Height		Colour of	
Metres	Centimetres	(1) Eyes (2) Hair	Complexion
	196	(1) <i>Brown</i> (2) <i>Black</i>	<i>Brown</i>
UNION			
Name		No.	

OF DISCHARGE

by the Seaman
REPORT OF CHARACTER

Registrar of Seamen



Place of Birth and Nationality	Certificate of Competence if any	
	Grade	Number
San Fernando Trinidad and Tobago		
Tattoo or other Distinguishing Marks		
— Nil —		
Signature of Seaman <i>Matthew Marceline</i>		



MARITIME SERVICES DIVISION
Shipping (Medical Examination) Regulations, 1990

Regulation 11

SIXTH SCHEDULE

In Confidence

RECORD OF MEDICAL EXAMINATION OF SEAFARERS

Report of Medical Examination by an approved Medical Practitioner Shipping (Medical Examination) Regulations, 1990

1. Personal Details of Seafarer

Surname MARCELINO

Forenames MATTHEW

Discharge Book No.

Title Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐

Any other title held

Date of Birth 11 05 1981
Day month year

Rank/Rating/Occupation WELDER

2. Usual Medical Practitioner or Medical Adviser

Name

Address

3. Family Medical History

Has any member of the seafarer's family ever suffered from:

Please tick correct box

	Yes	No
Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heart Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Previous Medical History

Does the Seafarer have a medical history of one of the following? If so (please tick the box).

Hypertension	<input type="checkbox"/>
Eye trouble/squint	<input type="checkbox"/>
Stomach/bowel disorder	<input type="checkbox"/>
ENT	<input type="checkbox"/>
Hearing impaired	<input type="checkbox"/>
Skin disease/allergies	<input type="checkbox"/>
Heart condition/rheumatic fever	<input type="checkbox"/>
Asthma/bronchitis	<input type="checkbox"/>
Hay fever/allergies	<input type="checkbox"/>
Epilepsy/fits/fainting	<input type="checkbox"/>
Nervous/mental illness	<input type="checkbox"/>
Jaundice/liver disease/piles	<input type="checkbox"/>
Urinary disorders	<input type="checkbox"/>
Back injury/pain	<input type="checkbox"/>
Hernia	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>
Female disorders	<input type="checkbox"/>
Infectious/contagious/tropical diseases	<input type="checkbox"/>
Malignant diseases	<input type="checkbox"/>
Migraine/severe headaches	<input type="checkbox"/>
Head injury/concussion	<input type="checkbox"/>
Abnormal weight change	<input type="checkbox"/>
Sexually transmitted diseases	<input type="checkbox"/>
AIDS	<input type="checkbox"/>

Tobacco intake (quantity) Nil

Alcohol intake (quantity) 0-2 Beer 1 week

Other illnesses/operations Nil

Is the seafarer now receiving any treatment?

I certify that this is a true statement.

Signature of Seaman Matthew Marcelino

5. Medical Examination

Does the seafarer suffer from any of the following abnormalities?
Please tick correct box and expand as necessary.

Tooth ☐
ENT ☐
Skin ☐
Heart ☐
Lungs ☐
Nervous system ☐
Varicose veins ☐
Genito urinary, system ☐
Hernia ☐

Any other defects Nil

6.

Height (without shoes) 1 m 89 cm

Weight (stripped to waist) 104.6 kilos

Chest Inspiration 110 cm

• Expiration 104 cm

Pulse rate 70

Blood pressure systolic 120

5th Sound 80

Results of urine test:

Albumin Nil

Sugar Nil

Audiogram (if equipment is available)

Right ear Khz dB 500 1,000 2,000 4,000 6,000 8,000

Left ear Khz dB 500 1,000 2,000 4,000 6,000 8,000

Distant vision Eye Test
Un-aided R 6 L 6 Both 6
Aided R 6 L 6 Both 6

Near vision

Unaided N
5
Aided N

Colour vision

Ishihare
Engineers modified
Normal Defective

7. Results of Medical Examination

The Standards of Medical Examination Regulations have been or ~~have not been~~ met.

Tick correct box

A. Unrestrictive sea service ☒

E. Permanently ☐

B. Restriction service only ☐

D. Indefinitely ☐

Restriction

(Review in months)

Period of restriction

C. Temporarily ☐

(Review in weeks)

Medical Practitioner's
Official Stamp

DR. JOEL R. SINANAN MB. B.S.
#230 SOUTHERN MAIN ROAD,
MARABELLA.
PHONE: 658-6615

Signature [Signature]

Name JOEL R. SINANAN

Block Letters

Date 27/7/11

THE REPUBLIC OF TRINIDAD AND TOBAGO
MARITIME SERVICES DIVISION

MEDICAL FITNESS CERTIFICATE

Issued under the shipping (medical examination) regulations, 1990

Seafarer's Name MATTHEW MARCELLINE Discharge Book No.
Date of expiry of this Certificate 27/7/18

I certify that I have examined the seafarer named above to the Medical and Visual Standards of Trinidad and Tobago as contained in the Third and Fourth Schedules of the above-named Regulations and have found *him/~~her~~ fit for seafaring subject to the following restrictions:

Signed
(A registered medical practitioner approved by the Minister)

Date Of Examination 27/7/18

*Delete as appropriate

Official Stamp

DR. JOEL R. SINANAN MB. B.S.
#230 SOUTHERN MAIN ROAD,
MARABELLA.
PHONE: 658-6615

MARINE SAFETY
(TRAINING & CONSULTANTS)
St. Vincent Street, Port of Spain
Silo Way Guide Jetty
Maritime Preservation Compound
(505) 658-1505
(505) 650-1634

REPUBLIC OF TRINIDAD AND TOBAGO



YOUTH TRAINING AND EMPLOYMENT PARTNERSHIP
PROGRAMME (YTEPP) LIMITED

CERTIFICATE OF PARTICIPATION

This is to certify that

Matthew Marceline

received Specialised Training in

Vocational Skills and Career Enhancement


in the course


Certified Welding

at the

Carillion Training Centre

during the period July 09th 1999 to April 07th 2000


.....
Chief Executive Officer
Youth Training and Employment Partnership
Programme (YTEPP) Limited


.....
Consultant
Certified Welders & Fabricators Project

Pleasantville Senior Comprehensive School



This is to certify that

Marlene Marceline
attended the Pleasantville Senior Comprehensive School

from SEPTEMBER 19⁹⁶ TO JULY, 19⁹⁸

and pursued courses in the following subjects:

Extra Curricular Activities

ENGLISH LANGUAGE

MATHEMATICS

SOCIAL STUDIES

INTEGRATED SCIENCE

PRINCIPLES OF BUSINESS

TECHNICAL DRAWING

10TH JULY 1998

Date

Israel Sen

Form Teacher

[Signature]

Principal

San Fernando East Junior Secondary School

FULFILMENT THROUGH ENLIGHTENMENT



THIS IS TO CERTIFY THAT

MATHEW MARCELINE

*completed A Three Year Junior Secondary Course ending July 5TH 1996
in the following subjects :-*

ENGLISH

SOCIAL STUDIES

MATHEMATICS

SPANISH

GENERAL SCIENCE

AGRICULTURAL SCIENCE

ART/CRAFT

HOME ECONOMICS OR INDUSTRIAL ARTS

MUSIC

PHYSICAL EDUCATION

S. D. Quack
Form Teacher

James H. H. H.
Vice Principal

Lawrence M.
Principal



*The leadership of the
Atlantic LNG Expansion Project
is pleased to award a*

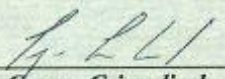
Certificate of Achievement

to

MARCELINE, MATTHEW P.

*For invaluable Safety Performance and
demonstrating a commitment to the Project's Zero Accidents Policy
in accomplishing*

**10,000,000 Project Hours
Without a Lost Time Accident
JUNE 2005**


George Griesedieck
Site Manager, Atlantic LNG


T. C. Hill, Jr.
Site Manager, Bechtel


Da Costa Kirton
ES&H Manager, Bechtel

ALICIA JOSEPH
COMMISSIONER OF AFFIDAVITS

**No. 9A HARRIS PROMENADE,
SAN FERNANDO.**

Phone : 1-868-686-2414

29th April, 2015.

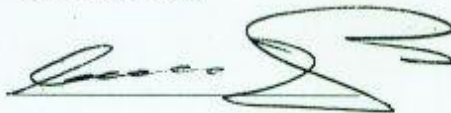
TO WHOM IT MAY CONCERN.

This certifies that I have known **MR. MATTHEW PETER MARCELINE** of No. 28 Lucky Street, La Romaine, Trinidad, who was born on the **11th May, 1981** and have known him from birth.

My own experience of **Mr. Marceline** is that he is conscientious, shows initiative and has proven to be an honest, hardworking and a resourceful individual, and as such I feel sure that he is capable of effectively fulfilling whatever tasks he may apply himself to undertake.

I have no hesitation in recommending him as being a potentially sound addition and credit for whatever he may be pursuing.

Yours faithfully,



ALICIA JOSEPH
COMMISSIONER OF AFFIDAVITS
9A HARRIS PROMENADE
SAN FERNANDO
TEL#1 - 868 - 686 - 2414





YOUTH TRAINING AND EMPLOYMENT PARTNERSHIP PROGRAMME (YTEPP) LIMITED

HEAD OFFICE: LEVEL 4 GUARDIAN BUILDING, 22-24 ST VINCENT STREET, PORT OF SPAIN, TRINIDAD, W.I.

TEL: (868) 625-1005, 625-6308-9 FAX: (868) 625-0674

March 27, 2000

Mr. Matthew Marceline
c/o Carillion Training Centre
COUVA

Dear Mr. Marceline:

This is to inform you that your training at **CARILLION TRAINING CENTRE** will be completed on **April 07, 2000**.

I wish to congratulate you on successfully completing the **WELDING COURSE** in the **CERTIFIED WELDERS AND FABRICATORS PROJECT**.

As you venture out into the world of work, I wish to assure you that the High Financial Investment in the Energy Industry encompassing Liquefied Natural Gas, Ammonia, Direct Reduced Iron, Methanol and Aluminum will provide ample opportunity for you to effectively utilize the knowledge and skills you acquired in the Training Endeavour.

I urge you to register with the Ministry of Labour in your district when seeking employment.

Good luck in the future.

C.B. DUBERRY
Consultant – Certified Welders & Fabricators Project



YOUTH TRAINING AND EMPLOYMENT PARTNERSHIP PROGRAMME (YTEPP) LIMITED

HEAD OFFICE: LEVEL 4 GUARDIAN BUILDING, 22-24 St VINCENT STREET, PORT OF SPAIN, TRINIDAD, W.I.
TEL: (868) 625-1005, 625-8308-9 FAX: (868) 625-0674

May 01, 2000

TO WHOM IT MAY CONCERN

This is to certify that **MATTHEW MARCELINE** completed a **WELDING COURSE** under the **CERTIFIED WELDERS & FABRICATORS PROJECT** at **CARILLION TRAINING CENTRE** during the period **August 09th 1999 to April 07th 2000**.

The course encompassed such attributes as Communication Skills, Occupational Safety and Health Practices, Measurements, Interpretation of Welding Symbols, Use and Care of Tools, Equipment and Materials, Arc Welding practice and the Related theory, Attitudinal Development and Career Enhancement.

The Welding Practice included Fillet and Groove Welds on plate in the Flat Vertical (up-hill) Horizontal and Overhead positions, the Welding of 6-inch diameter pipe in the Vertical (up-hill), Horizontal and finally 6G positions. It also encompassed oxy-fuel cutting of plate and pipe utilising straight and bevel cuts.

The Career Enhancement module included Self-Assessment and Values, Clarification, Goal Setting, Time Management, Communication Skills and Family Life.

Mr. Matthew Marceline was Trained and Tested in accordance with the Standards of A.W.S. D1.1 Structural Welding Code Steel for Plate Welding Operators. On February 14th 2000, he successfully completed a Radiographic Test on Single Vee Groove Butt Joints utilising 1/2 Inch Thick Mild Steel Plate in the Flat 1-G and Horizontal 2-G Positions.

I hereby recommend Mr. Matthew Marceline for any position commensurate with his training and ability.

Sincerely

C. B. DUPERRY

Consultant - Certified Welders and Fabricators Project



REPUBLIC OF TRINIDAD AND TOBAGO
CERTIFICATE OF CHARACTER
POLICE HEADQUARTERS
PORT-OF-SPAIN

D582152

S/7 100
1363

WEDNESDAY 12th OCTOBER 2016

This is to certify that according to records held in the Criminal Records Office of the Trinidad and

Tobago Police Service Mr./Mrs./Miss MATTHEW PETER MARCELNE

of # 28 LUCKY STREET LA ROMAINE

holding ^{ID} Passport No. 19810511052 has **NO**

previous convictions against him/her.

N.B.—Previous convictions if any, are listed overleaf.

for Commissioner of Police,
Trinidad and Tobago, W.I.



SOUTH WEST REGIONAL HEALTH AUTHORITY
COUNTY VICTORIA

I am informed and I consent to the immunization of myself:

Name: MATTHEW MARCELINE
Signature: Matthew Marceline
Date: 12/10/16
Address: 28 LUCKY ST LA ROMAINE

• This is a permanent Immunization Record
Take it with you whenever you visit a Doctor, Clinic or Hospital

IMMUNIZATION RECORD

Name: MARCELINE MATTHEW
Surname Other Names
Address: 28 LUCKY ST LA ROMAINE
Date of Birth: Year 1981 Month 05 Day 11 Gender MALE

APPOINTMENTS

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VACCINE WITH BATCH NO, DATE ADMINISTERED AND SIGNATURE WITH STAMP

VACCINE	DATE	BATCH NO	SIGNATURE	VACCINE	DATE	BATCH NO	SIGNATURE
MEASLES/MUMPS/RUBELLA 1.				TUBERCULOSIS/ MANTOUX TEST			
MEASLES/MUMPS/RUBELLA 2.				READ +VE -VE			
YELLOW FEVER				BCG			
RUBELLA				HEPATITIS B 1.			
DIPHT/TET (Adult) Td 1.				2.			
2.				3.			
Booster				Others Specify:			
BOOSTER YELLOW FEVER 1.	<u>12/10/16</u>	<u>M5330</u>	<u>[Signature]</u>				
2.							
3.							

