



APPLICATION FORM

Date Filed _____

Position Applied for 1. _____

2. _____

PERSONAL DATA

Last Name		First Name		Middle Name		Maiden Name (for female Married applicants)	
Nationality	Date of Birth		Place of Birth		Height (cm.)		Weight (kg.)
Preferred Nickname			Shoe size		Email address		
SSS. No.			PhilHealth No.			PAG-IBIG No.	
Civil Status				Sex			
Permanent Address				Alternative Address			
City		Zip Code		City		Zip Code	
Contact No.				Contact No.			

FAMILY DETAILS

	Name	Sex	Date of Birth	Place of Birth
Father (Please indicate Middle Name)				
Mother (Please indicate Maiden Name)				
Spouse (Please indicate Maiden Name)				
Child/Children				

Person to notify in case of emergency

Name:		Relationship:	
Address:			
Zip Code:		Contact No.:	

EDUCATION BACKGROUND

Level	School	Highest Degree Earned	Date		Place
			From	To	
Collegiate/Vocational					
Secondary					

RECORD BOOKS

	Document No.	Date		Issuing Authority
		Issued	Expiry	
Passport (PH)				
Seaman's Book (PH)				
SRC (PH)				
US Visa				

A. Have you ever been denied of any visa?

If yes, please provide the following details:

Country	Date of Refusal	Reason for refusal

B. Have you ever been deported?

If yes, please provide following details:

Country	Date of deportation	Reason for deportation

TRAINING COURSES

Training Name	Document No.	Issued Date	Training Center	With COP?	Issued Date of COP
Basic Training					
Basic Safety Course					
Refresher for BT					
Updating for BT					
Proficiency in Survival Craft and Rescue Boat					
Advanced Firefighting					
Crowd Management					
Crisis Management					
Watchkeeping					
STSDSD					

OTHER TRAINING COURSES

Training Name	Document No.	Issued Date	Training Center	With COP?	Issued Date of COP

LICENSE / ENDORSEMENT

	Doc. No.	Date		Issuing Authority
		Issued	Expiry	
NC I				
GOC (PH)				
GOC (Flag State)				

*Flag State 1. Bahamas 2. Panama 3. Singapore, Others

*Issuing Authority 1. MARINA 2. Bahamas Maritime, Others

MEDICAL HISTORY

It is important that all illness other than minor afflictions should be stated. The Company is entitled to refuse any claim treatment, cost or any other benefits if a complete statement of all previous illness has not been given.

- A. Have you ever signed of a ship due to medical reason?

If yes, please provide following details:

Name of vessel:	Date of occurrence:	Place of occurrence:
Brief description of illness / injury / accident		

- B. Have you ever undergone any operation in the past?

If yes, please provide following details:

Details of operation	Date	Period of disability	Present condition

- C. What illness or accident have you consulted a doctor during the last 12 months?

Details of illness/accident	Date	Therapy / Treatment

- D. Do you have any of the following conditions?

- Hypertension -
- Diabetes -
- HEPA A or B -
- Asthma -

- E. Are you a smoker?

REFERENCES

Please give references from two recent employers who may we contact for references

	Reference 1	Reference 2
Name of Company		
Name of contact person		
Address		
Contact No.		

Other Information

- A. Do you have any relatives working with us at present?

If yes, please provide following details:

Name of crew	Position and Principal	Relationship

- B. Have you ever applied for a job with us before?

If yes, please provide the following details:

When	Position

I hereby declare that the above, including my Medical History is true.

Signature over Printed Name



Please complete below with details of your previous employment for the **past ten (10) years** and provide a brief description of your **specific duties and responsibilities**.

*Legend:				
GCD – General Cargo	B/C – Bulk Carrier	CON – Cellular Container	MLP – Multipurpose	O/O – Ore / Oil Carrier
OBO – Ore/Bulk/Oil Carriers	TNC – Tanker (Crude)	TNP – Tanker (Product)	TNV – VLCC/ULCC	TNS – Tanker (Storage)
GAS – LPG/LNG Gas Carriers	CHM – Chemical Carriers	PAS – Passenger Ship	R/O – Ro/Ro Carriers	C/S – Car Ship
OSV – Off Shore Supply Vessel	DRG – Dredgers	SRV – Survey Vessel	LOG – Log / Timber	RFR – Reefer