

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | | Choose an item | | | | | | Sex | | | | | Choose an item | | |
| 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 |  |  |  |  |

1. Have you ever been denied of any visa? Choose an answer

If yes, please provide the following details:

|  |  |  |
| --- | --- | --- |
| Country | Date of Refusal | Reason for refusal |
|  |  |  |
|  |  |  |

1. Have you ever been deported? Choose an answer

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 |
|  |  |  |  |  |  |
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**LICENSE / ENDORSEMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Doc. No. | Date | | Issuing Authority |
| Issued | Expiry |
| NC I |  |  |  |  |
| National Certificate. |  |  |  |  |
| Rating in Watchkeeping |  |  |  |  |
| Able Seafarer Deck/Engine |  |  |  |  |
| Electro-Technical |  |  |  |  |
| PH License |  |  |  |  |
| Flag State License |  |  |  |  |
| 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.

1. Have you ever singed of a ship due to medical reason? Choose an answer

If yes, please provide following details:

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

1. Have you ever undergone any operation in the past? Choose an answer

If yes, please provide following details:

|  |  |  |  |
| --- | --- | --- | --- |
| Details of operation | Date | Period of disability | Present condition |
|  |  |  |  |
|  |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Details of illness/accident | Date | Therapy / Treatment |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Do you have any of the following conditions?
   * Hypertension - Choose an answer
   * Diabetes - Choose an answer
   * HEPA A or B - Choose an answer
   * Asthma - Choose an answer
2. Are you a smoker? Choose an answer

**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

1. Do you have any relatives working with us at present? Choose an answer

If yes, please provide following details:

|  |  |  |
| --- | --- | --- |
| Name of crew | Position and Principal | Relationship |
|  |  |  |
|  |  |  |

1. Have you ever applied for a job with us before? Choose an answer

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** |

**PREVIOUS EMPLOYMENT**

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**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LAND / SEA EXPERIENCE (most recent first)** | | | | | | | | | |
| Rank/  Position | Manning  Agency | Employer/  Principal | Address and Contact No. of Manning Agency | Vessel’s  Name | Vessel  Type\* | GRT | Date | | Duties and Responsibilities |
| From | To |
|  |  |  |  |  |  |  |  |  |  |
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\*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 |