



BIODATA / PRE JOINING FORM

EXECUTIVE OFFSHORE should be strictly as per Passport )

A. Personal Data

First Name		Middle Name		Surname		
Nationality		Place of Birth		Date of Birth		
Post Applied For		Willing to sail in lower rank?	Yes No	Available From		
Smoker / Non-smoker	Do you know swimming?	Yes No	Religion		AFFIX RECENT PASSPORT SIZE PHOTO HERE	
Permanent address						
Postal code		City		State		
Country						
Contact Details	Tel No.		Mob No.			
Email						

B. Travel Documents

Passport No.	Date of Issue	Date of Expiry	Place of Issue	ECNR (Y/ N/ NA)	Min. 3 blank pages (Y/ N)
Date of Issue	Date of Expiry	Place of Issue		PAN/ UID Number	National ID Number
Seaman's Book Details	Seaman's Book No.	Date of Issue	Date of Expiry	Issued by (Country)	Place of Issue
License/ Wkeeping	License No.	Date of Issue	Date of Expiry	Issued by (Country)	Place of Issue
GMDSS	License No.	Date of Issue	Date of Expiry	Issued by (Country)	Place of Issue

C. Family

Civil Status (Please mention "Yes" where appropriate):  

Single		Married		Separated		Divorced		Widowed		Wedding Anniversary Date (if applicable):
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Family	Name	Date of Birth	Passport No.	Date of Issue	Date of Expiry	Place of Issue
Child	M F					
Child	M F					
Child	M F					
Child	M F					

D. Physical Details

Height :		cms	Weight :		Kgs	Boiler Suit Size (S , M , L , XL , XXL) :		Shoe Size (6, 7, 8, 9, 10, 11) :	
Eye Color :		Hair Color:		Distinguishing Mark :					

E. Next-of-Kin Details

First Name		Middle Name		Surname		
Sex: (M/F)		Relationship		D.O.B		
Address of Next-of-Kin:						
			Postal code		City	
			State		Country	
			Contact Details	Tel. No.		
			Mob No.		Email:	

F. Academic Qualification (Highest qualification attained to be mentioned)

Name of the Institution		Qualification	From	To	Percentage/ Grade
Country		State		City	



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Higher Secondary School Marks % :

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Pre-Sea course details													
Name of the Institution						Type of Degree			From		To		
Country					State				City			Postal code	
G. Details of Courses & Certificates						Number		Date of Issue		Date of Expiry		Issued by	
Basic STCW Courses													
Advanced Fire Fighting (A-VI/3)				AFF									
Automatic Radar Plotting Aid				ARPA									
Basic Fire Fighting				BFF									
Basic Safety Training				BST									
Bridge Resource Management				BRM									
Bridge Team Management				BTM									
Chemical Tanker Familiarisation Course (A-VI/1)				CTFC									
Chemical Tanker Safety Course (A-VI/5)				CTFC									
DP Advance													
DP Unlimited													
ECDIS IMO 1.27													
Elementary First Aid				EFA									
Engine Room Simulator			M	O	ERS								
Fire Prevention and Fire Fighting				FPFF									
Medical First Aid (A-VI/4-1)				MFA									
Medicare (A-VI/4-2)				MDC									
Personal Survival & Social Responsibility (A-VI/1-4)				PSSR									
Personal Survival Techniques				PST									
Proficiency in Fast Rescue Boat / Craft (A-VI/2-2)													
Proficiency in Survival Craft & Rescue Boat (A-VI/2-1)				PSCRB									
Radar Observer Course													
Radar Simulator Course													
Root Cause Analysis													
Security Awareness													
Security Duties (A-VI/6-2)													
Ship Handling Simulator (A-II/2)													
Ship Security Officer (A-VI/5)				SSO									
Ship Safety Officer				SOC									
H. Other Courses						Number		Date of Issue		Date of Expiry		Issued by	
DP Maintenance													
Cookery course													
I. Flag Documents						Number		Date of Issue		Date of Expiry		Issued by	
Singapore (COE)													
Singapore (GOC)													
Malaysia (COR / GMDSS)													
Malaysia (Seaman ID)													
J. Industry Certificates						Number		Date of Issue		Date of Expiry		Issued by	
BOSIET (OPITO Approved)													
H <sub>2</sub> S													
Banksman													
Rigging and Slinging													
Designated First Aider													
Approved Gas Tester													
Food Handling													



K. Industry Medical Reports	Number	Date of Issue	Date of Expiry	Issued by
ILO Medical				
Malaysia Marine Department				
PETRONAS Medicals (PMU)				

L. Industry Passports	Number	Date of Issue	Date of Expiry	Issued by
SHELL Passport				
PETRONAS - OSP				

M. Other Documents	Number	Date of Issue	Date of Expiry	Issued by
Yellow Fever vaccination	YF			
Hepatitis A Vaccination				
Hepatitis B Vaccination				
INDOS Number				
Typhoid Vaccination				

N. Operational and Cargo Handling Experience

A	Operational Experience in current rank	
No	Item	Details
1	Number of Dry Dockings attended	
2	No. of OVID inspections attended	
3	No. of OSVIS inspections	
4	Class of ROV (Observation or work class)	
5	No. of Ocean Tows carried out	
6	No of Rig Moves	
7	Flag State Inspection / Port State Inspection	
8	Do you have experience with FMEA Trials	
9	Do you have experience with DP Annual trials	
10	Have you New Delivery / Take over	
B	Special Cargo Handling Experience in current rank	
1	Have you carried Heavy Lift / Project cargoes	
2	Have you carried DKD Mud	
3	Have you carried Methanol	
4	Have you carried Glycol	
C	Anchor Handling Experience in current rank	
1	Types of anchors handled	
2	Do you have experience of grappling for anchors	
3	Do you have experience in Handling and stowage of Chains	
4	Size and length of chain handled	
5	Maximum Anchor handling depth you have worked in	

O. How did you get to know about Executive Offshore (Please mark "Y" where applicable)

Contacted by EO staff		Print media		Web site		Word of Mouth	Y	
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P. References

S/N	Name of the company	Person in charge	Designation	Phone No.
1				
2				

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Q. Medical History

(a) Have you ever signed off from a ship due to Medical reasons? (Please mark "Y" if applicable)				If "Yes", please give details
Name of the vessel	Date of incident	Brief Description (Injury/ Illness/ Accident)		
(b) Did you suffer or Are you Presently suffering from any Disease likely to render you unfit for Service at Sea or likely to endanger the health of others on board. (Please mark "Y", if applicable)				



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(c) are you addicted to alcohol or drugs of any kind. (Please mark "Y", if applicable)

(d) Have you suffered from following (Please mark "Y", if applicable)

Malaria		Diabetes		Epilepsy		Nervous Disability		Did you ever undergo psychiatric treatment	
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R. Security Self-Declaration

(Please tick "YES" / "NO") - If any answers is "Yes" then please provide details for our information.

1 Have you ever been convicted of a criminal charge?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2 Are you an un discharged bankrupt?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3 Are you a member of any political organization?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please specify: _____				
4 Have you ever been dismissed, suspended or gazetted out of service of the government?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5 Are you part of any banned organization in the country of your residence or internationally?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

I warrant and represent that:

1 The foregoing details are true and accurate and complete

2 There are no contractual or other restrictions (other than official Visa/ Work Permit approvals) or health conditions that may in any way Prevent or restrict me form being employed by you and fully performing my work.

3 I apply for employment with you by my own free will without any inducement or representative from you or your agents.

4 Further that no Certificate of competency or license issued to me has ever been revoked or suspended.

5 I also certify that my medical history contained above is true and any false statement or undisclosed Material information about past illness or injury will disqualify me from any employment benefits and claims.

Date: \_\_\_\_\_ Rank: \_\_\_\_\_ Signature of Seaman: \_\_\_\_\_

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INITIAL CHECK & VERIFICATION (Please mark "Y", if applicable)

A.	Original licenses sighted	
B.	STCW and Training Certificates sighted	

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_