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| **APPLICATION FORM (SEA STAFF)** | | | | | | | | | | | | | | | | | **PERSONAL DATA** | | | | | | | | | | | | |  | | | |
| Applied for the position of: | | | | | |  | | | | | | | | | | | | | | | | **PHOTO** | | | | | | | |
| Surname: | |  | | | | | | | | Name: | | |  | | | | | | Father’s name: | | | | |  | | | | | |
| Nationality: | | | |  | | | | | | Date of birth: | | | |  | | | | | Place of birth: | | | | |  | | | | | |
| Home address: | | | |  | | | | | | | | | | | | | Mob: | |  | | | | | | | | | | |
| Next of kin name: | | | |  | | | | | | | | | | | | E-mail: | | | |  | | | | | | | | | |
| Next of kin address / Relation: | | | | | | |  | | | | | | | | | | | | | Tel: | | | | | | Eye  color: | |  | | Hair  Color: | |  | |
| Weight: |  | | | | Height: | |  | | Marital status / Single: | | | | | | | | Married: | | | | |  | | Overall No: | | |  | | Shoes No: | | | |  |
| **DOCUMENTS and QUALIFICATIONS**  **[ALL AVALIABLE CERTIFICATES / DOCUMENTS LISTED BELOW SHOULD BE ATTACHED ON ANNEX 1]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | NUMBER | | | | | | | **ISSUING AUTHORITY** | | | | | | | | **Issue Date** | | | | | **Expiry Date** | | |
| Passport | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Seaman’s book (National) | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Seaman’s Book Flag of MI | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| US VISA | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Certificate of Competency /Proficiency  (C.O.C. or C.O.P.) | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | no | | |
| National Administration Endorsement | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Certificate of Competency / GMDSS G.O. | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| C.O.C. GMDSS G.O. National Endorsement | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Flag Administration Endorsement MI | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Radar Administration Management /  Operational level (ARPA) | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Basic Safety Training / Instructions A-VI/1 | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Prof. Survival Craft & Rescue Boats A-VI/2 | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Advanced Fire Fighting A-VI/3 | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Medical First Aid A-VI/4-1 | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Medical Care A-VI/4-2, A-VI/4-3 | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Ship Security Officer | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Proficiency in Designated Security Duties | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Ship’s Safety Officer | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| ECDIS Generic A-II/1 & A-II/2 | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| ECDIS Specific (ChartWorld) | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| ECDIS Specific (Transas) | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Bridge Team/Resource Management | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Engine Room Resource Management | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Risk Assessment | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Incident Investigation & Analysis | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Ship’s Handling & Maneuverings B-VII/2 | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Carriage Dangerous Hazardous Substances | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Mooring Operations | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Welder’s Certificate Approved by Class | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| **MEDICAL BACKGROUND** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | **YES** | | **NO** | | | ***(IF YES, PLEASE DESCRIBE / INSERT DATE)*** | | | | | | | | | | | | | | | | | |
| Yellow Fever Certificate | | | | | | | | | | |  | |  | | |  | | | | | | | | | | | | | | | | | |
| Covid-19 Vaccination | | | | | | | | | | |  | |  | | |  | | | | | | | | | | | | | | | | | |
| Any available Medical Certificate (PEME)? | | | | | | | | | | |  | |  | | |  | | | | | | | | | | | | | | | | | |
| Any Previous Surgery? | | | | | | | | | | |  | |  | | |  | | | | | | | | | | | | | | | | | |
| Any Previous Illness / Injury / Temporary  disability? | | | | | | | | | | |  | |  | | |  | | | | | | | | | | | | | | | | | |
| Any Physical Handicap? | | | | | | | | | | |  | |  | | |  | | | | | | | | | | | | | | | | | |
| Any Drug Related Problem? | | | | | | | | | | |  | |  | | |  | | | | | | | | | | | | | | | | | |
| Any Alcohol Related Problem? | | | | | | | | | | |  | |  | | |  | | | | | | | | | | | | | | | | | |
| Any involvement in an accident resulting to  loss of life or personal injury or damage to  ship, cargo, pollution etc? | | | | | | | | | | |  | |  | | |  | | | | | | | | | | | | | | | | | |
| **PREVIOUS SEA SERVICE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COMPANY** | | | **RANK** | | | | | **SHIP’S NAME** | | | | **TYPE** | | | **ENGINE / BHP** | | | | | | **DWT** | | **SERVICE TIME** | | | | | | | | **REASON OF SIGN-OFF** | | |
| **DATE ON** | | **DATE OFF** | | | **MONTHS** | | |
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| ***In accordance with the EU law on General Data Protection Regulation – GDPR – 2016/679 , came into force on 25.May.2018, I hereby grant permission on processing of my personal data such as:***   * ***Name,*** * ***Home Address,*** * ***Telephone,*** * ***Personal Information (Age, Sex, Marital Status, …etc)*** * ***Family composition,*** * ***Educational & Training background,*** * ***Professional Path (Senior Officer, Officer, Rating),*** * ***Photograph,*** * ***Medical background,*** * ***Any other Personal Data may be required where processing is necessary for the purposes of carrying out the obligations and exercising specific rights of the controller (Manning Agent) for the data subject in the field of employment and the Personal Data are not disclosed outside that body and is exclusively dedicated to shipping and crew manning related matters on a business-to-business basis.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***APPLICANT’ NAME****:* | | | | | | | | | | | *SIGNATURE:* | | | | | | | | | | | | | | | | | | | *DATE:* | | | |

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| **MANNING AGENT CREW OFFICER APPLICATION REVIEW** | | |
| **NAME OF REVIEWER** | **DATE** | **SIGNATURE** |
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| **CERTIFICATES’ AUTHENTICITY CHECK** *Completed and verified by the interviewer (for newcomers)* | | | | |
| Authenticity check conducted for certificates: | | | | |
| **CONDUCTEDBY** *(Name/Position)* | |  | | |
| **DATE** |  | | **RESULTS** | Satisfactory Unsatisfactory |
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| **MANNING AGENT REFERENCES/INFORMATION, ETC. FROM PREVIOUS EMPLOYERS** | | |
| **COMPANY’S NAME:** |  | **REMARKS:** |
| **COMPANY’S ADDRESS:** |  |
| **COMPANY’S TEL:** |  |
| **CONTACT PERSON:** |  |

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| **MANNING AGENT REFERENCES/INFORMATION, ETC. FROM PREVIOUS EMPLOYERS** | | |
| **COMPANY’S NAME:** |  | **REMARKS:** |
| **COMPANY’S ADDRESS:** |  |
| **COMPANY’S TEL:** |  |
| **CONTACT PERSON:** |  |

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| **MANNING AGENT REFERENCES/INFORMATION, ETC. FROM PREVIOUS EMPLOYERS** | | |
| **COMPANY’S NAME:** |  | **REMARKS:** |
| **COMPANY’S ADDRESS:** |  |
| **COMPANY’S TEL:** |  |
| **CONTACT PERSON:** |  |

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| **MANNING AGENT INTERVIEW** AT MANNING AGENT OFFICE THROUGH VIDEOCONFERENCE | |
| **DATE OF INTERVIEW:** | **COMMENTS:** |
| **INTERVIEWED BY:** |
| **ACCEPTED:**  YES  NO  **INTERVIEWER SIGNATURE:** |

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| **CREW DEPARTMENT’S REFERENCES/INFORMATION, ETC. FROM PREVIOUS EMPLOYERS** | | |
| **COMPANY’S NAME:** |  | **REMARKS:** |
| **COMPANY’S ADDRESS:** |  |
| **COMPANY’S TEL:** |  |
| **CONTACT PERSON:** |  |

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| **CREW DEPARTMENT’S REFERENCES/INFORMATION, ETC. FROM PREVIOUS EMPLOYERS** | | |
| **COMPANY’S NAME:** |  | **REMARKS:** |
| **COMPANY’S ADDRESS:** |  |
| **COMPANY’S TEL:** |  |
| **CONTACT PERSON:** |  |

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| **CREW DEPARTMENT’S REFERENCES/INFORMATION, ETC. FROM PREVIOUS EMPLOYERS** | | | |
| **COMPANY’S NAME:** |  | | **REMARKS:** |
| **COMPANY’S ADDRESS:** |  | |
| **COMPANY’S TEL:** |  | |
| **CONTACT PERSON:** |  | |
| **CREW DEPARTMENT INTERVIEW** AT HEAD OFFICE THROUGH VIDEOCONFERENCE | | | |
| **DATE OF INTERVIEW:** | | **COMMENTS:** | |
| **INTERVIEWED BY:** | |
| **ACCEPTED:**  YES  NO  **INTERVIEWER SIGNATURE:** | |

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| **OPERATION or TECHNICAL DEPARTMENT INTERVIEW** AT HEAD OFFICE THROUGH VIDEOCONFERENCE | |
| **DATE OF INTERVIEW:** | **COMMENTS:** |
| **INTERVIEWED BY:** |
| **ACCEPTED:**  YES  NO  **INTERVIEWER SIGNATURE:** |

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| **MEDICAL EXAMINATIONS** *TO BE CONDUCTED PRIOR TO SEAFARER’S ENGAGEMENT* |
| **MEDICAL EXAMINATIONS AND D&A TEST COMPLETED SATISFACTORY?**YES NO |