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| This application form serves to provide with all information of the Applicant and will be treated as personal record should the Applicant be employed.Applicant is required to complete all parts in **BLOCK CAPITALS.** Copies of all certificates, Seaman's book, passport and appraisal from the previous companies (if any) are to be attached. |

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| **POSITION APPLIED FOR:** | **Date:** |

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| **PERSONAL DETAILS** |
| Surname | Middle Name | Last Name | Nationality | *Affix**Recent**Colour**Photo* |
|  |  |  |  |
| Date of Birth | Place of Birth | Religion | Age |
|  |  |  |  |
| Education Qualification | COC Grade | Marital Status | Height/Weight |
|  |  |  |  |
| Passport Number | Issuing Authority | Date of Issue | Date of Expiry | Overall Size |
|  |  |  |  |  |
| Seaman’s Book Number | Issuing Authority | Date of Issue | Date of Expiry | Safety Shoe Size |
|  |  |  |  |  |
| Mobile Phone Number | House phone Number | Email Address | Hometown Airport |
|  |  |  |  |
| Permanent Address |
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| **NEXT-OF-KIN** |
| **Name** | **Relationship** | **Contact Number** |
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| **Address (if different from the above)** |
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| **Officer Certification (STCW)** | **Certificate Number** | **Issuing Authority** | **Date of Issue** | **Date of Expiry** |
| Certificate of Competency |  |  |  |  |
| General Operators’ Certificate |  |  |  |  |
| Flag State Licence - COC |  |  |  |  |
| Flag State Licence - GOC |  |  |  |  |

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| **Rating Certification (STCW)** | **Certificate Number** | **Issuing Authority** | **Date of Issue** | **Date of Expiry** |
| Watchkeeping |  |  |  |  |
| Able Seafarer (STCW 2010) |  |  |  |  |

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| **STCW CERTIFICATE** | **Certificate Number** | **Issuing Authority** | **Date of Issue** | **Date of Expiry** |
| Basic Safety Training |  |  |  |  |
| Survival Craft & Rescue Boat |  |  |  |  |
| Advanced Fire Fighting |  |  |  |  |
| Medical Care |  |  |  |  |
| Ship Security Officer |  |  |  |  |
| ARPA  |  |  |  |  |
| RADAR  |  |  |  |  |
| BTM/BRM |  |  |  |  |
| ERM |  |  |  |  |
| Ship Handling |  |  |  |  |
| ECDIS |  |  |  |  |
| ISM Code |  |  |  |  |
| Ship’s Cook  |  |  |  |  |
| Food Handling |  |  |  |  |
| Flag State Tanker Endorsement |  |  |  |  |
| Security Training (STCW 2010) |  |  |  |  |
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| **OFFSHORE CERTIFICATE**  | **Certificate Number** | **Issuing Institute** | **Date of Issue** | **Date of Expiry** |
| BOSEIT (OPITO Approved) |  |  |  |  |
| HUET / EBS |  |  |  |  |
| Rigging & Slinging |  |  |  |  |
| H2S |  |  |  |  |
| HLO |  |  |  |  |
| Banksman |  |  |  |  |
| Crane Operator |  |  |  |  |
| Oxygen Resuscitator |  |  |  |  |
| Dynamic Positioning (Unlimited) |  |  |  |  |
| Dynamic Positioning (Limited) |  |  |  |  |
| Dynamic Positioning (Advanced) |  |  |  |  |
| Dynamic Positioning (Basic) |  |  |  |  |
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| **Offshore Safety Passport**  | **Certificate Number** | **Issuer** | **Date of Issue** | **Date of Expiry** |
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| **Type of Offshore Medial**  | **Certificate Number** | **Medical centre** | **Date of Issue** | **Date of Expiry** |
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| **Record of Sea Service** |
| **Company**  | **Name of Vessel** | **Type** | **GT** | **kW** | **Rank** | **Trading Area** | **Scope of Operations** | **From** | **To** |
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| **APPLICANT’S DECLARATION** |
| **Medical History / Background** | **Yes/No** | **If yes, please provide details** |
| Do you have history of illness such as tuberculosis, high blood pressure, mental illness etc…? |  |  |
| Do you have physical disability? |  |  |
| Have you ever been hospitalised, operated or currently undergoing any medical treatment? |  |  |
| Have you had premature termination of employment agreement? |  |  |
| Have you been dismissed or logged for misconduct? |  |  |
| Have you been refused entry by any country?  |  |  |
| Have you ever been charged in court for any offence? |  |  |
| Do you have alcohol drinking habit? |  |  |

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| **REFERENCE** |
| Name |  | Name |  |
| Company |  | Company |  |
| Position |  | Position |  |
| Contact |  | Contact |  |

I confirm that the information given by me herein is true and correct. I also understand that any falsification or misrepresentation in my personnel records can result in my immediate dismissal and may be subject to legal action if I am employed by the Company. I do agree to submit myself to a thorough medical examination, which I must successfully pass as one of the conditions for being accepted for employment.

Date: Applicant’s Signature: