|  |  |  |  |
| --- | --- | --- | --- |
|  I:\logo.png | **пр. Лунина 13****87510 Мариуполь****Украина** | **13, Lunina ave.****87510 Mariupol,****Ukraine** | **Tel: +380-629-530158****Fax: +380-629-530159****E-mail:** **agent@sifservice.****com****www.sifservice.com** |

###### SEAFARER APPLICATION FORM

**Position applied for:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photo

**1** Surname : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **4** Date of birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2** Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **5** Place of birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3** Given name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **6** Citizenship : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7** Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8** Phone No.(home) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **9** Phone No.(contact): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10** Seaman's ID No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **14** InterPassport No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11** Place of issue : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **15** Place of issue : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12** Date of issue : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **16** Date of issue : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13** Date of expiry : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **17** Date of expiry : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**18** Marital status (celibatarian - married - divorced – widowed)

**19** Wife’s name **:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **20** Weight/Height : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**21** Mother’s name **:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**22** Approved Education**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**23** **CERTIFICATES**

|  |  |  |  |
| --- | --- | --- | --- |
| Description |  **Registration No.** |  **Place of issue** |  **Date of issue** |
|  Certificate of Competency |  |  |  |
|  Endorsement to the CC |  |  |  |
|  Ship’s Safety Officer (ISM Code) |  |  |  |
|  Basic safety training STCW’ 78/95 |  |  |  |
|  **\*** Medical Care |  |  |  |
|  **\*** Fire Fighting |  |  |  |
|  **\*** Survival Craft |  |  |  |
|  **\*** Medical First Aid |  |  |  |
|  Chemical Tanker |  |  |  |
|  Oil Product Tanker |  |  |  |
|  Liquefied Gas Tanker |  |  |  |
|  Ro-Ro Passenger Ship |  |  |  |
|  HAZMAT / Dangerous Cargoes |  |  |  |
|  C.O.W. / I.G.S. |  |  |  |
|  ARPA |  |  |  |
|  GMDSS / GOC |  |  |  |
|  Radar Simulator |  |  |  |
|  Medical Examination |  |  |  |
|  Vaccination Yellow Fever |  |  |  |
|  |  |  |  |
|  |  |  |  |

**24 PROFESSIONAL EXPERIENCE DURING LAST 5 YEARS (in backwards order)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| RANK | **MISSION****STARTED** | **MISSION****COMPLETED** | **SHIPOWNER/Nationality** **Tel/Fax/e-mail** |  VESSEL **Name & Type** |  **DWT** |  **ME** **Type/BHP** |
|  |  |  |  |  |  |  |
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Minimum acceptable salary USD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, undersigned, confirm all above information to be true and correct to my best knowledge:

Signature of the Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CREW MANAGER REMARKS |  **1** |  **2** |  **3** |  **4** |  **5** |
| English: |  |  |  |  |  |