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