## **POLSKIE RATOWNICTWO OKRETOWE**

## **APPLICATION FORM**

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| --- | --- | --- | --- |
| APPLICATION FOR POSITION AS |  | OTHER POSITION (IF ANY) |  |
| SURNAME |  | FIRST NAME |  |
| OTHERS NAMES |  |

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| 1. PERSONAL DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH | | | | | | |  | | | | | | PLACE OF BIRTH | | | | | | | | |  | | | | | | | | | | |
| NATIONALITY | | | | | | |  | | | | | | MARITAL STATUS | | | | | | | | |  | | | | | | | | | | |
| MOTHER’S NAME | | | | | | |  | | | | | | FATHER’S NAME | | | | | | | | |  | | | | | | | | | | |
| MOTHER’S MAIDEN NAME | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEARST INTERNATIONAL/REPATRIATION AIRPORT: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **2. ADDRESS** | | | | | | | | | | **ADDRESS (TEMP.) FROM/TO:** | | | | | | | | | | | | | | | | | | |  | | | |
| NO & STREET |  | | | | | | | | | NO & STREET | | | | | | | | |  | | | | | | | | | | | | | |
| CITY |  | | | | | | | | | CITY | | | | | | | | |  | | | | | | | | | | | | | |
| POST CODE |  | | | | | | | | | POST CODE | | | | | | | | |  | | | | | | | | | | | | | |
| COUNTRY |  | | | | | | | | | COUNTRY | | | | | | | | |  | | | | | | | | | | | | | |
| TEL. NO. |  | | | | | | | | | TEL. NO. | | | | | | | | |  | | | | | | | | | | | | | |
| MOBILE |  | | | | | | | | | MOBILE | | | | | | | | |  | | | | | | | | | | | | | |
| E-MAIL |  | | | | | | | | | E-MAIL | | | | | | | | |  | | | | | | | | | | | | | |
| FAX |  | | | | | | | | | FAX | | | | | | | | |  | | | | | | | | | | | | | |
| 3. NEXT OF KIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL NAME | |  | | | | | | | | | | | | | | RELATIONSHIP | | | | | | | | | | | |  | | | | |
| ADDRESS | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | |  | | | | | | | | | | | | | | COUNTRY | | | | | | | | | | | |  | | | | |
| TEL. NO. | |  | | | | | | MOBILE | | | |  | | | | | | | | | | | FAX NO. | | | | | | |  | | |
| **4. CHILDREN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF CHILD | | | | | | | | | | | | | | | | DATE OF BIRTH | | | | | | | | | | | | | | SEX | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | M | | F |
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| **5. SAFETY CLOTHING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BOILERSUIT SIZE | | | | | |  | | | | | | | BOOTS SIZE | | | | | | | | | | | | |  | | | | | | |
| WEIGHT | | | | | |  | | | | | | | HEIGHT | | | | | | | | | | | | |  | | | | | | |
| **6. EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCHOOL NAME | | |  | | | | | | | | | | | | | | | | | | FROM - TO | | | | | |  | | | | | |
| SCHOOL NAME | | |  | | | | | | | | | | | | | | | | | | FROM - TO | | | | | |  | | | | | |
| 7. TRAVEL DOCUMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE | | | | NUMBER | | | | | ISSUE DATE | | | | | | EXPIRY DATE | | | | | ISSUED BY (AUTHORITY) | | | | | | | | | | | PLACE OF ISSUE | |
| PASSPORT | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | | | | | |  | |
| SEAMAN BOOK | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | | | | | |  | |
| 8. PROFESSIONAL QUALIFICATION / CERTIFICATE OF COMPETENCY / ENDORSEMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CERTIFICATE NAME | | | | | NUMBER | | | | | | | | | | | | ISSUE DATE | | | | | | | EXPIRY DATE | | | | | | | ISSUED BY | |
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| **9. MARINE COURSES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COURSE NAME | | | | | NUMBER | | | | | | | | | | | | ISSUE DATE | | | | | | | EXPIRY DATE | | | | | | | ISSUED BY | |
| PERSONAL SURVIVAL TECHNIQUES | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITIES | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |
| SECURITY AWARENESS | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |
| DESIGNATED SECURITY DUTIES | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |
| FIRE FIGHTING BASIC | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |
| FIRE FIGHTING ADV | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |
| ELEMENTARY FIRST AID | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |
| MEDICAL FIRST AID | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |
| SURVIVAL CRAFT & RESCUE BOATS PROFICIENCY | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |
| BRIDGE RESOURCE MANAGEMENT | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |
| MEDICAL CARE | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |
| G.M.D.S.S. | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |
| ARPA OPERATIONAL LEVEL | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |
| ARPA MANAGEMENT LEVEL | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |
| SHIP SECURITY OFFICER | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |
| ENGINE ROOM RESOURCE MANAGEMENT | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |
| INTERNATIONAL MANAGEMENT CODE FOR SAFE OPERATION OF SHIPS AND FOR POLLUTION PREVENTION FAMILIARIZATION (ISM CODE) | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | |
| **10. OTHER COURSES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COURSE NAME | | | | | NUMBER | | | | | | | | | | | | | ISSUE DATE | | | | | | EXPIRY DATE | | | | | | | ISSUED BY | |
| FAST RESCUE BOATS PROFICIENCY | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | |
| RADAR OBSERVATION | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | |
| HAZMAT | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | |
| DP INDUCTION | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | |
| DP SIMULATOR | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | |
| HUET | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | |
| BOSIET | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | |
| CRANE OPERATOR | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | |
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| **11. HEALTH CERTIFICATES/VACCINATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | NUMBER | | | | | | | | | | | | | ISSUE DATE | | | | | | EXPIRY DATE | | | | | | | ISSUED BY | |
| INTERNATIONAL MLC | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | |
| INTERNATIONAL MALTA | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | |
| DRUG AND ALCOHOL | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | |
| DENTAL CERTIFICATE | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | |
| YELLOW FEVER | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | |
| **12. LANGUAGES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | ISSUED DATE | | | | | | | | | TOTAL RESULT % | | | | | | | | | | | ISSUED BY | | | | | | | |
| MARLINS CERTIFICATE | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| CES CERTIFICATE | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| OTHER | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |

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|  | | | | SEA – SERVICE DETAILS | | | | | | | | | | | |  | |  | |
| NAME: |  | | | | | | RANK: |  | | | | | | | | AVALIABILITY DATE: |  | | |
| COMPANY NAME | | | RANK | | SIGNED  ON | | SIGNED OFF | | VESSEL NAME | | VESSEL TYPE | | G.R.T. | | | ENGINE TYPE | BHP | | |
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| **REFERENCE CONTACT DETAILS** | | | | | | | | | | **REMARKS** | | | | | | | | | |
| COMPANY / AGENCY NAME | | CONTACT PERSON  / PHONE NO. | | | | REMARKS. | | | | |  | | | | | | | | |
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| I declare that the information I have given is, to the best of my knowledge, true and complete. I also declare that the documents submitted are genuine and signed by the persons whose names appear on them. Hereby authorize you to process my personal data included in my job application for the needs of the recruitment process in accordance with the Personal Data Protection Act dated 29.08.1997 (uniform text: Journal of Laws of the Republic of Poland 2002 No 101, item 926 with further amendments). | | | | | | | | | | | |
| DATE | |  | SIGNATURE | | | |  |