**APPLICATION FORM**

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

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| --- |
| I. PERSONAL DETAILS |
|  | DATE OF BIRTH |  |
|  | PLACE OF BIRTH |  |
|  | NATIONALITY |  |
|  | NEARST INTERNATIONAL/REPATRIATION AIRPORT: |  |
| **II. ADDRESS**  |
|  | NO & STREET |  |
|  | CITY  |  |
|  | POST CODE |  |
|  | COUNTRY |  |
|  | TEL. NO. |  |
|  | MOBILE |  |
|  | E-MAIL |  |
| **III. SAFETY CLOTHING** |
|  | BOILERSUIT SIZE |  |
|  | BOOTS SIZE |  |
|  | WEIGHT |  |
|  | HEIGHT |  |
| **IV. EDUCATION** |
|  | SCHOOL NAME |  |
|  | SCHOOL NAME |  |
| **V. MARINE COURSES / QUALIFICATIONS AND LICENCES** |
|   | NUMBER | ISSUE DATE | EXPIRY DATE | ISSUED BY |
|  | **CERTIFICATE OF COMPETENCY NAME:** |  |  |  |  |  |
|  | FLAG ENDORSEMENTS |  |  |  |  |
|  | PASSPORT |  |  |  |  |
|  | SEAMAN'S DISCHARGE BOOK |  |  |  |  |
|  | NUMBER | ISSUE DATE | EXPIRY DATE | ISSUED BY |
|  | CERT. OF BASIC SAFETY TRAINING IN PERSONAL SURVIVAL TECHNIQUES |  |  |  |  |
|  | CERT. OF BASIC SAFETY TRAINING IN PERSONAL SAFETY & SOCIAL RESPONSIBILITIES  |  |  |  |  |
|  | CERT. OF BASIC SAFETY TRAINING IN FIRE PREVENTION & FIRE FIGHTING |  |  |  |  |
|  | CERT. OF TRAINING IN ADVANCED FIRE FIGHTING  |  |  |  |  |
|  | CERT. OF BASIC SAFETY TRAINING IN ELEMENTARY FIRST AID  |  |  |  |  |
|  | CERT. OF TRAINING IN MEDICAL FIRST AID  |  |  |  |  |
|  | CERT. OF TRAINING IN MEDICAL CARE |  |  |  |  |
|  | CERT. OF PROFICIENCY IN SURVIVAL CRAFT AND RESCUE BOATS OTHER THAN FAST RESCUE BOATS  |  |  |  |  |
|  | G.M.D.S.S. |  |  |  |  |
|  | CERT. OF TRAINING IN UTILIZING OF RADAR AND ARPA OPERATIONAL LEVELValidity - **INDEFINITELY** |  |  |  |  |
|  | CERT. OF TRAINING IN UTILIZING OF RADAR AND ARPA MANAGEMENT LEVEL  |  |  |  |  |
|  | CERT. OF PROFICIENCY FOR SHIP SECURITY OFFICER |  |  |  |  |
|  | MEDICAL FITNESS CERTIFICATE Maltese Flag - according to MLC and Merchant Shipping Notice 107 Polish Flag - according to MLC and Polish low |  |  |  |  |
|  | DRUGS AND ALCOHOL TEST |  |  |  |  |
|  | DENTAL CLEARANCE CERTIFICATION |  |  |  |  |
|  | YELLOW FEVER VACCINATION  |  |  |  |  |
|  | MARLIN’S ENGLISH TEST or CES |  |  |  |  |
|  | CERT. OF PROFICIENCY IN SECURITY-AWARENESS |  |  |  |  |
|  | CERT. OF PROFICIENCY FOR SEAFARERS WITH DESIGNATED SECURITY DUTIES |  |  |  |  |
| **VI. DP COURSES/CERTIFICATES** |
|  | NUMBER | ISSUE DATE | EXPIRY DATE | ISSUED BY |
|  | DPO Induction Course |  |  |  |  |
|  | DPO Limited Certificate |  |  |  |  |
|  | DPO Full Certificate |  |  |  |  |
|  | DP Maintenance Operator Course |  |  |  |  |
| **VII. OTHER COURSES/CERTIFICATES** |
|  | NUMBER | ISSUE DATE | EXPIRY DATE | ISSUED BY |
|  | Crane operator  |  |  |  |  |
|  | Boatman/mooring in port operator  |  |  |  |  |
|  | Flagman |  |  |  |  |
|  | Hook operator |  |  |  |  |
|  | CERT. OF PROFICIENCY IN FAST RESCUE BOATS  |  |  |  |  |
|  | CERT. OF TRAINING IN OPERATION AND MAINTENANCE OF POWER SYSTEMS IN EXCESS OF 1 KV  |  |  |  |  |
|  | HAZMAT  |  |  |  |  |

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|  | SEA – SERVICE DETAILS |  |  |
| NAME: |  |  |  |  |  |
| 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. |  |
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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 of 10 May 2018 (Journal of Laws 2018, item 1000) and in agreement with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation)”. |
| DATE |  | SIGNATURE |  |