

Crew Application Form

NOTES OF THE CREW MANAGER:

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DATE OF APPLICATION:

NAME		
DATE OF BIRTH		
Phone/ EMAIL		
ADDRESS		
DATE OF AVAILABILITY		

EDUCATION

Education level	Institution name	Date of Graduation

MILITARY SERVICE

Served	Exempt	Postponed
DATE:	REASON:	DATE:

CERTIFICATE OF COMPETENCY

Type	Number	Valid until

PASSPORT INFO

Nationality	Number	Place issued	Date	Valid until

SEAMAN'S BOOK INFO

Nationality	Number	Place issued	Date	Valid until
TURKISH				
MARSHALL				
ENDORSEMENT				

MEDICAL EXAMINATION

Place issued	Date	Valid until

VACCINATION

Type of Vaccination	Date	Valid until

MEDICAL HISTORY

HAVE YOU EVER SIGNED OFF DUE TO MEDICAL REASON?

HAVE YOU EVER SUFFERED OR ARE SUFFERING FROM ANY AILMENT OR DISEASE THAT IS LIKELY TO RENDER YOU UNFIT FOR SEA SERVICE OR LIKELY TO ENDANGER THE HEALTH/WELL BEING OF OTHERS?

DO YOU HAVE ANY BODILY DEFECTS OR DEFICIENCIES?

ARE YOU ADDICTED TO ALCOHOL OR DRUGS OF ANY KIND?

ARE YOU A MEMBER OF ANY RELIGIOUS OR POLITICAL GROUP?

HAVE YOU EVER DEPORTED, DENIED VISA OR BANNED FROM ENTERING ANY COUNTRY?

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OR DRUG OFFENCE OR HAVE ANY PENDING OFFENCES?

DO YOU HAVE ANY OBLIGATIONS TOWARDS YOUR CURRENT/ PREVIOUS EMPLOYERS?

CERTIFICATES

Name	Valid until
ARPA radar – management & operational level	
Radar Observer	
Basic Fire Fighting	
Advanced Fire Fighting	
Bridge resource management	
Bridge team management	
ECDIS	
General operator (GOC GMDSS)	
Medical first aid	
Proficiency in Survival Craft and Rescue Boats Operations	
Ship Security Officer (SSO)	
Security Related Familiarization Certificate	
Security Awareness Certificate	
Designated Security Duties Certificate	
ERM	

SEA SERVICE RECORDS

Rank	Ship type	Vessel name	Company	From	To

REFERENCE

NAME	COMPANY	PHONE/EMAIL

I HEREBY AFFIRM THAT ALL THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, FURTHER, THAT NO CERTIFICATE OF COMPETENCY OR LICENSE ISSUED TO ME HAS EVER BEEN REVOKED OR SUSPENDED. I ALSO CERTIFY THAT MY MEDICAL HISTORY CONTAINED ABOVE IS TRUE AND ANY FALSE STATEMENT OR UNDISCLOSED MATERIAL INFORMATION ABOUT PAST ILLNESS OR INJURY WILL DISQUALIFY ME FROM ANY EMPLOYMENT BENEFITS AND CLAIMS.

SIGNATURE OF THE SEAFARER