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| ***«Work Shipping Company»*****Tel.: +7-812-900-02-13**[**www.workshipping.com**](http://www.workshipping.com/) |

**APPLICANT’S PERSONAL DATA**

**POSITION APPLIED FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| FIRST/LAST NAME:  | MARITAL STATUS : | PHOTO |
| FATHER’S NAME :  | NUMBER OF CHILDREN :  |
| DATE/PLACE OF BIRTH :  | NEXT KIN :  |
|   | RELATION :  |
| CITIZENSHIP : RUSSIAN | NEXT KIN ADDRESS :  |
| ADDRESS :  |  |
|   | NEXT KIN NAME  |
| PHONE :  | PHONE :  |

**MARITIME EDUCATION RECEIVED**

|  |  |  |  |
| --- | --- | --- | --- |
| * NAME OF SCHOOL/ACADEMY
 | * FROM
 | * TILL
 | * TYPE OF DEGREE RECEIVED
 |
|  |  |  |  |

**DOCUMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| * PASSPORT/SBK
 | NO. | * PLACE OF ISSUE
 | Date of issue/validity |
| SEAMAN’S PASSPORT |  |  |  |
| TRAVEL PASSPORT |  |  |  |
| OTHER S/B |  |  |  |
| SCENGEN VISA  |  |  |  |

**STCW**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CERTIFICATE | GRADE | NO. | PLACE OF ISSUE | Date of issue/validity |  |
| Cert. of Competency:  |  |  |  |  |
|  Endorsement: |  |  |  |  |
| Cert. of Competency:  |  |  |  |  |
| Endorsement: |  |  |  |  |
|  | BASIC SAFETY TRAINING |  |  |  |
|  | MEDICAL FIRST AID ON BOARD SHIP/ MEDICAL CARE |  |  |  |
|  | PROFICIENCY IN SURVIVAL CRAFT |  |  |  |
|  | ADVANCED FIRE FIGHTING |  |  |  |
|  | DANGEROUS AND HAZARDOUS CARGOES |  |  |  |
|  | RADAR OBSERVER &PLOTTING/A.R.P.A. |  |  |  |
|  | MAINTENANCE OF ELECTRICAL AND ELECTRONIC ENGINEERING |  |  |  |
|  | BRIDGE TEAM MANAGEMENT |  |  |  |
|  | SHIP HANDLING ARRANGEMENTS |  |  |  |
|  | SHIP SECURITY OFFICER (ISPS) |  |  |  |
|  | SHIPS SAFETY OFFICER (ISM) |  |  |  |
|  | TRAINIG OF SEAFARES WITH DESIGNATED SECURITY DUES  |  |  |  |
|  | TANKER FAMILIARIZATION |  |  |  |
|  | OIL TANKERS SPECIALIZED TRAINING |  |  |  |
|  | GAS TANKERS SPECIALIZED TRAINING |  |  |  |
|  | CHEM. TANKERS SPECIALIZED TRAINING |  |  |  |
|  | CRUDE OIL WASHING OF OIL TANK |  |  |  |
|  | INERT GAS SYSTEM |  |  |  |
|  | ECDIS |  |  |  |
| **PHYSICAL FITNESS** |  |
| MEDICAL EXAMINATION CERTIFICATE |  |  |  |
| YELLOW FEVER VACCINATION |  |  |  |
| DRUG &ALCOHOL TEST |  |  |  |

**PREVIOUS SEA SERVICE (Last 5 years):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| VESSEL NAME | COMPANY | FLAG | VESSEL TYPE | ENGINE TYPE | KWT | RANK | FROM | TO |
|  |  |  |  |  |  |  |  |  |
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**SIZES**

|  |  |  |  |
| --- | --- | --- | --- |
| CLOTHES:  | SHOES:  | HEIGHT:  | WEIGHT: |

**NOTES**

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