



SEA STAFF APPLICATION AND INTERVIEW FORM

Part A. APPLICATION FORM

PERSONAL DATA

Applied for the position of: _____ **PHOTO**

Surname: _____ Forename: _____

Father's name: _____ Mother's name: _____

Date of birth: _____ Place of birth: _____

Marital status: Single Married Nationality: _____

Home address: _____

Tel.: _____ Mob.: _____ e-mail: _____

Next of kin: _____

Surname: _____ Forename: _____

Home address: _____ Tel: _____

Kids (number): _____ Sons: _____ Daughters: _____

VAT No. _____ ΔΟΥ _____ ΑΜΚΑ _____

| <i>DOCUMENTS</i> | NUMBER | ISSUING AUTHORITY | Date Issued | Expiry Date |
|-----------------------------|---------------|--------------------------|--------------------|--------------------|
| Passport | | | | |
| Seaman's book | | | | |
| S T C W Endorsement/ COC | | | | |
| Medical Fitness Certificate | | | | |
| Yellow Fever Vaccination | | | | |

QUALIFICATIONS (ref. to Appendix IV and V, as applicable)

| CERTIFICATES | YES | NO | ISSUING AUTHORITY | Date Issued | Expiry Date |
|--|------------|-----------|--------------------------|--------------------|--------------------|
| Certificate of competence / license | | | | | |
| GMDSS radio operators A-IV/2 | | | | | |
| Basic training A-VI/1-1 to 1-4 | | | | | |
| Basic Training for Oil and Chemical Tankers A-V/1-1-1 | | | | | |
| Advanced Training for Oil Tankers A-V/1-1 | | | | | |
| Proficiency in surv. craft & RB other than FRB A-VI/2-1 | | | | | |
| Advanced fire fighting A-VI/3-1 | | | | | |
| Medical care A-VI/4-1,2 | | | | | |
| Medical First Aid A-VI/4-1 | | | | | |
| Ship Security Officer A-VI/5 | | | | | |
| Security Awareness for Seafarers without Designated Security Duties A-VI/6-1 | | | | | |
| Security Awareness for Seafarers with Designated Security Duties A-VI/6-2 | | | | | |
| Safety Officer | | | | | |
| Bridge Resource/Team Management (BRM/BTM) | | | | | |
| Engine Resource Management (ERM) | | | | | |
| Risk Assessment | | | | | |
| Incident Investigation | | | | | |
| ECDIS (generic) | | | | | |
| ECDIS (type specific) | | | | | |
| Ship handling | | | | | |
| Cargo Handling | | | | | |



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| | | | | | |
|---------------------------|------------|-----------|--------------------------|--------------------|--------------------|
| Train the Trainer | | | | | |
| HAZMAT | | | | | |
| Media Response | | | | | |
| ISM Internal Auditor | | | | | |
| IAMSAR | | | | | |
| OTHER CERTIFICATES | YES | NO | ISSUING AUTHORITY | Date Issued | Expiry Date |
| | | | | | |
| | | | | | |
| | | | | | |

Training needs If NO list the certificates the applicant does not hold in the following section:

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.....
.....

Native language: _____

English*: Good Basic

Other languages: _____

*All Officers in direct control of navigation, cargo and/or bunker oil handling operations must have conversational proficiency in English

PREVIOUS SEA SERVICE

| SHIP'S NAME | TYPE | ENGINE | DWT / BHP | OWNER | RANK | SERVICE TIME | | REASON OF SIGN-OFF |
|-------------|------|--------|-----------|-------|------|--------------|----------|--------------------|
| | | | | | | DATE ON | DATE OFF | |
| | | | | | | | | |
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APPLICANT
(NAME): _____ SIGNATURE _____ DATE _____

CREW MANAGER APPLICATION REVIEW (*application's validity to be reviewed prior each employment*)

| NAME | DATE | SIGNATURE |
|------|------|-----------|
| | | |
| | | |