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| ***EMPLOYEE NUMBER*** |  | REQUEST SALARY |  |
| POSITION APPLIED |  |  |
| ACCEPTED AS |  | LAST SALARY |
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| **1. PERSONAL DETAILS** | | |

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| FULL NAME AND (NICKNAME) | |  | | | |  | |
| PLACE AND DATE OF BIRTH | |  | | | | | |
| FULL ADDRESS | |  | | | | | |
| NATIONALITY | |  | | | | | |
| MARITAL STATUS | |  | | | NUMBER OF CHILDREN | |  |
| RELIGION | |  | | | | | |
| MOBILE NUMBER (WITH CODES) | |  | | | | | |
| HOME PHONE NUMBER + CODE | |  | | | | | |
| PERSONAL EMAIL ADDRESS | |  | | | | | |
| NAME OF NEAREST AIRPORT | |  | | | | | |
| NEXT OF KIN NAME. RELATIONSHIP. FULL CONTACT NUMBERS | |  | | | | | |
| HEIGHT | WEIGHT | | SHOE SIZE | COVERALL SIZE | | | |
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| **2. TRAVEL DOCUMENT** | | | |
| DOCUMENT | NUMBER | EXPIRY DATE | PLACE OF ISSUED |
| PASSPORT |  |  |  |
| SEAMAN BOOK |  |  |  |
| VISA |  |  |  |
| VISA |  |  |  |

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| **3. HIGHEST FORMAL EDUCATION ATTENDED (SCHOOL / COLLEGE / UNIVERSITY)** | | | | | |
| DEGREE | MAJOR | STARTED | GRADUATED | COUNTRY | GPA |
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| **4. DP LICENSE CERTIFICATE \*\* ATTACH COPIES** | | | | |
| DP CERTIFICATE | NUMBER | DATE ISSUED | EXPIRES | PLACE OF ISSUED |
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| **5. CERTIFICATE OF COMPETENCY** & **ENDORSEMENT \*\* ATTACH COPIES** | | | | |
| CERTIFICATE | NUMBER | ISSUE DATE | EXPIRY DATE | PLACE OF ISSUE |
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| **6. CERTIFICATE OF PROFICIENCY \*\* ATTACH COPIES** | | | | |
| CERTIFICATE | NUMBER | ISSUE DATE | EXPIRY DATE | PLACE OF ISSUE |
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| **7. LANGUAGES KNOWN** | | | | |
| LANGUAGES | SPOKEN | WRITTEN | UNDERSTOOD | MOTHER TONGUE |
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| **8. MEDICAL HISTORY** | | |
| **QUESTIONS** | **YES** | **NO** |
| HAVE YOU EVER SIGNED OFF FROM A SHIP DUE TO MEDICAL REASON? |  |  |
| HAVE YOU EVER UNDERGONE ANY MEDICAL OPERATION(S) IN THE PAST? |  |  |
| HAVE YOU CONSULTED A DOCTOR DURING PAST 12 MONTHS FOR AN ILLNESS / ACCIDENT? |  |  |
| DO YOU HAVE ANY HEALTH OR DISABILITY PROBLEM NOW? |  |  |
| IF YES TO ANY OF ABOVE THEN PLEASE FULL DETAILS BELOW OR ON SEPARATE SHEET OF PAPER | | |
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| **9. REFERENCES** | |
| **COMPANY NAME** |  |
| NAME OF PERSON TO BE CONTACTED |  |
| ADDRESS |  |
| TEL NUMBER |  |
| WEB AND E-MAIL |  |
| **COMPANY NAME** |  |
| NAME OF PERSON TO BE CONTACTED |  |
| ADDRESS |  |
| TEL NUMBER |  |
| WEB AND E-MAIL |  |

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| **10. GENERAL INFORMATION** | | |
| **QUESTIONS** | **YES** | **NO** |
| HAVE YOU EVER BEEN THE SUBJECT OF A COURT OF ENQUIRY OR INVOLVED IN A MARITIME ACCIDENT? |  |  |
| HAVE YOU EVER HAD A PROFESSIONAL LICENCE SUSPENDED OR REVOKED? |  |  |
| IF YES TO ANY OF ABOVE THEN PLEASE FULL DETAILS BELOW OR ON SEPARATE SHEET OF PAPER | | |
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| **11. DECLARATION** | | | | | | | | |
| **I HEREBY DECLARE THAT ALL STATEMENTS AND PARTICULARS WRITTEN IN THIS DOCUMENT ARE TRUE AND SUPPLIED TO THE BEST OF MY KNOWLEDGE. IN ADDITION I AUTHORISE YOU TO CONTACT THE REFEREES LISTED ABOVE.** | | | | | | | | |
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| **12. RECORD OF SEA SERVICE** | | | | | | | | |
| VESSEL NAME | COMPANY | TYPE OF VESSEL | TYPE OF ENGINES | GRT | BHP | RANK | SIGN ON | SIGN OFF |
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| **13. TOTAL SEA TIME IN VARIOUS OPERATIONS** | | | | | | | | | |
| RANK | VESSEL TYPE | DP | NON DP | ENGINE TYPE | YEAR | MONTH | DAY | HOURS | OPERATION |
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