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| --- | --- | --- |
|  | **Poseidon LTD**вул. Львівська 15Б, офіс 6Н,Одеса,Україна,65016Телефон:+380(48)7373671 / +380(48)7373672E-mail crew@poseidonsm.net | **Foto** |

**APPLICATION FORM**

|  |  |  |
| --- | --- | --- |
| **Position Applied For:** | **Min. Wage:** | **Marital Status:** |
| **1st Position:** |  | **2nd Position:** |  |  |  |  |
| **Family Name:** | **First Name:** | **Father Name:** | **Age:** | **Date Birth:** | **Place of Birth:** |
|  |  |  |  |  |  |
| **Nationality:** | **Citizen:** | **Home address:** | **E-mail / Skype:** |
|  |  |  |  |
| **Phone Home:** | **Phone Mobile:** | **Phone Kin:** | **Children:** | **Language:** | **Level:** |
|  |  |  |  |  |  |
| **Height:** | **Weight:** | **Eyes:** | **Hair:** | **Overall Size:** | **Shoes Size:** |
|  |  |  |  |  |  |

**NEXT OF KIN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Relationship:** |  | **First Name:** |  | **Family Name:** |  |
| **Place of Residence (Please state “THE SAME” if coincides with your permanent address stated above)** |
|  |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **School(s) attended** | **Specialization / Degree** | **From** | **To** |
|  |  |  |  |
|  |  |  |  |

**CERTIFICATE OF COMPETENCY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certificate of competency** | **Number** | **Place of Issue** | **Date of Issue** | **Date of Expire** |
| **Certificate of Competency** |  |  |  |  |
| **Endorsement (Basic)** |  |  |  |  |
| **GMDSS** |  |  |  |  |
| **Endorsement GMDSS** |  |  |  |  |

**CERTIFICATE STCW 78’95**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qualification Grade** | **Number** | **Place of Issue** | **Date of Issue** | **Date of Expire** |
| **Basic Safety Course** |  |  |  |  |
| **Survival Craft & Rescue Boats** |  |  |  |  |
| **Medical First Aid & Medical Care** |  |  |  |  |
| **Information System (ECDIS)** |  |  |  |  |
| **Radar Observation & Plotting** |  |  |  |  |
| **Basic Firefighting & Advanced Fire Fighting** |  |  |  |  |
| **Ship's Safety Officer** |  |  |  |  |
| **Ship's Security Officer** |  |  |  |  |
| **Ship's Security Awareness** |  |  |  |  |
| **Bridge Team & Resource Management** |  |  |  |  |
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| **DOCUMENTS** |  | **MEDICAL** |
| **Documents** | **Number** | **Place of Issue** | **Date of Issue** | **Date of Expire** |  | **Medical** | **Number** | **Place of Issue** | **Date of Issue** | **Date of Expire** |
| **Seaman's Book** |  |  |  |  |  | **Health List** |  |  |  |  |
| **Travel Passport** |  |  |  |  |  | **Drug & Alcohol Test** |  |  |  |  |
| **National Passport** |  |  |  |  |  | **Yellow Fever Vaccination** |  |  |  |  |
| **Flag State Documents** |  |  |  |  |  |  |  |  |  |  |
| **Flag State Documents** |  |  |  |  |  |  |  |  |  |  |

**PREVIOUS SEA EXPERIENCE**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vessel’s Name** | **Flag** | **Type** | **GRT** | **DWT** | **Engine** | **BHP** | **Position** | **From** | **To** | **Owner’s Name / Country** | **Agency contacts** |
|  |  |  |  |  |  |  |  |  |  |  |  |
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**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby confirm and agreed of storage and processing of my personal data for Poseidon LTD. purposes \_\_\_\_\_\_\_\_\_\_\_\_\_\_(sign)**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby confirm that I have not visited the Crimea since 2014 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(sign)**

# I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby confirm that the information given in this form is true and complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(sign)

**Date**