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| CURRICULUM VITAE | | | | | | | | | | | | |
| Date of Application: | | | | | | | | | | | PASSPORT SIZE PHOTO  (3.5cmx4.5cm) | |
| Surname |  | | First Name | |  | | | | | Middle Name |  | |
| Date of Birth  (DD/MM/YYYY) |  | **Age** |  | PLACE OF BIRTH | | |  | | | | | |
| Nationality |  | | Residential address | |  | | | | | | | |
|  | | | | | | | |
| Home phone |  | | E-mail addresses | |  | | | | | | | |
| Mobile phone |  | | Nearest International Airport from your home | | | | | |  | | | |
| Position Applied for  First Choice |  | | Position Applied for  Second Choice | | |  | | | | | | |
| Eye color |  | | PPE: Shoe size | | |  | | Weight (Kg) | | | |  |
| Hair color |  | | Height (cm) | | |  | | PPE: Overall size (S/M/L/XL/XXL/XXXL) | | | |  |

NEXT OF KIN – CONTACT PERSON IN CASE OF EMERGENCY

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | First Name |  | | Middle Name |  |
| Relationship (wife, father, etc) | |  | | Contact Number |  | | |
| Postal address |  | | | | | | |
| Residential address |  | | | | | | |
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DOCUMENTS’ INFORMATION

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Document** | **Number** | | **Place of Issue** | | | | **Date of Issue(dd/mm/yyyy)** | **Date of Expiry(dd/mm/yyyy)** |
| Passport |  | |  | | | |  |  |
| Country Seaman Book |  | |  | | | |  |  |
| Medical Certificate |  | |  | | | |  |  |
| Medical Report |  | |  | | | |  |  |
| VISA (if any) |  | |  | | | |  |  |
| International Vaccination Certificate (Yellow Fever)) |  | |  | | | |  |  |
| Flag State Endorsement (If Any) |  | |  | | | |  |  |
| **Competency** | **Number** | **Grade** | | | **Place of Issue** | | **Date of Issue(dd/mm/yyyy)** | **Date of Expiry(dd/mm/yyyy)** |
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|  |  |  | | |  | |  | |
| **Certificates of Proficiency/Safety Training/Courses** | | | | **Number** | | **Place of Issue** | **Date of Issue(dd/mm/yyyy)** | **Date of Expiry(dd/mm/yyyy)** |
| Personal Survival Technique | | | |  | |  |  |  |
| Elementary First Aid | | | |  | |  |  |  |
| Personal Safety and Social Responsibility (PSSR) | | | |  | |  |  |  |
| Fire Fighting &Fire Prevention | | | |  | |  |  |  |
| International Ship and Port Security | | | |  | |  |  |  |
| Familiarization and Basic Safety Training (4-in-one) | | | |  | |  |  |  |
| Watch keeping | | | |  | |  |  |  |

**OTHERS (EDUCATIONAL CERTIFICATES; NVTI, HND, DEGREE, HIGH SCHOOL/TECHNICAL, ETC)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name Of Document** | **Number** | **Place Of Issue** | **Date Issued Expiry Date** |
|  |  |  |  |
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**MOST CURRENT SEA-SERVICE INFORMATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Company** | **Rank** | **Name of Vessel** | **Type of Vessel/Voyage** | **Flag of Vessel** | **GRT** | **Engine Capacity (KW)** | **Period of Service** | | |
| **From** | **To** | **Month(s)** |
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DECLARATION AND SIGNATURE

I hereby declare and certify that the information provided on this CV are true and correct to the best of my knowledge and belief, and that no pertinent details have been withheld. Any false declaration supplied herein may constitute grounds for disqualification and non-acceptance by the company and can be further subjected to applicable penalties in accordance with existing laws governing the recruitment and employment of seafarers.

Signature of Seafarer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLOTMENT OF WAGES

|  |  |
| --- | --- |
| Account Name: | |
|  | |
| Account Number: | |
|  |  |
| Name of Bank: | |
|  | |
| **Branch:** | |
|  | |
| Wage on Last Sea Service: | |
|  | |
| Expected Wage Per Day (USD): | |

SOCIAL SECURITY INFORMATION

|  |  |
| --- | --- |
| SSNIT No. |  |
| Name(***exactly as written on the SSNIT card*)** |  |

Please attach clean and clear soft (scanned) copies of all mandatory certificates and other documents, preferably in pdf or jpeg format.

*[For Official Use Only]*

**Application Received By:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_

**REMARKS**

Are all original certificates scanned / photocopied and submitted to the office YES

NO