



Alison Management

SEAGOING PERSONNEL APPLICATION AND
INTERVIEW RECORD

C 002

Date: 15.11.2019

Revision: 02

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.: _____ Tel.: _____ e-mail: _____ | |
| Next of kin: _____ | |
| Surname: _____ Forename: _____ | |
| Home address: _____ Tel: _____ | |
| Dependants (number): _____ Sons: _____ Daughters: _____ | |

| DOCUMENTS | 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 IMS Ch.6 Appendix IV and V, as applicable)

| CERTIFICATES | YES | NO | ISSUING AUTHORITY | Date Issued | Expiry Date |
|--|-----|----|-------------------|-------------|-------------|
| Certificate of competence / license | | | | | |
| Navigational watchkeeping A-II/1 | | | | | |
| Navigational watchkeeping A-II/2 | | | | | |
| Navigational watchkeeping A-II/4 | | | | | |
| Navigational watchkeeping A-II/5 | | | | | |
| Engine Room watchkeeping A-III/1 | | | | | |
| Engine Room watchkeeping A-III/2 | | | | | |
| Engine Room watchkeeping A-III/4 | | | | | |
| Engine Room watchkeeping A-III/5 | | | | | |
| Electro-Technical Officer A-III/6 | | | | | |
| Electro-Technical Rating A-III/7 | | | | | |
| 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/1-1-2 | | | | | |
| Advanced Training for Chemical Tankers A-V/1-1-2 | | | | | |
| Liquefied Gas Tanker training program A-V/1-2 | | | | | |
| 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 | | | | | |
| Ship Security Officer A-VI/5 | | | | | |
| Security Awareness for Seafarers without Designated Security Duties A-VI/6-1 | | | | | |



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[illegible]

Native language: _____
English: _____
Other languages: _____

PREVIOUS SEA SERVICE

[illegible]



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[illegible]

APPLICANT (NAME): _____

SIGNATURE

DATE _____

Crew Manager APPLICATION REVIEW (*application's validity to be reviewed prior each employment*)

[illegible]

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Part B. INTERVIEW FORM

ONLY for the accepted applicants. Interview will be carried out by the Department Managers or their deputies.

SEAFARER'S NAME:

RANK:

INTERVIEW DATE:

| |
|---|
| CREW MANAGER / MANNING AGENT |
| Appearance. |
| Personality/Maturity. |
| Communication skills/Sociability/Attitude. |
| Environmental awareness, sensitivity and training. |
| Contract period. |
| Nautical college / year graduated. (APPLICABLE FOR MASTER AND SENIOR OFFICERS) |
| Previous companies employed at. |
| Type of vessels. |
| Training courses on top of STCW. |
| Knowledge of English language (interview is conducted in English language). |
| Personal Survival Techniques / Fire Prevention and Fire Fighting (APPLICABLE FOR RATINGS) |
| Elementary First Aid, Personal Safety and Social Relationships (APPLICABLE FOR RATINGS) |
| Salaries and other benefits. |
| Uniforms and Insignia. |
| Which are your views on health, safety, security, quality and environmental policy/philosophy (expand)? |
| Which are your views on D&A policy? |
| Why did you have short contract duration with previous company (where applicable)? |
| What does the term DPA mean and which are his responsibilities? |
| Which are your views on Safety Committee meetings and how frequently should they be conducted? |
| Have you experienced any accidents? What lessons have you learned? |
| How would you ensure teamwork onboard? |
| When would you be available? |
| Have you any definite plans for your career? |
| Have you previously worked with multinational workforce? |
| Have you experienced any difficulties on this? |
| Do you believe that you are obliged to make suggestion for improvement of the Company's operations / performance? |
| Which particular aspects of work do you consider harder/more stressful? |
| Would you expect your wife / family to travel with you? |
| Have you experienced any medical operation / serious illness in the last 12 months? |
| Is there any possibility to undergo any medical operation in the next 12 months? |

MANNING AGENT NAME/SIGNATURE

DATE

| | | | |
|--|--|--------------|------------|
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|--|
| REFERENCES/INFORMATION, ETC. FROM PREVIOUS EMPLOYERS <i>(to be completed by Crew Manager/Manning agent)</i> |
| |
| |

| | |
|--|---|
| Crew Manager <i>NAME/SIGNATURE</i> _____ | ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMENTS _____ | DATE _____ |

OFFICERS ARE TO BE INTERVIEWED ON SPECIFIC TOPICS AS DESCRIBED IN IMS CH.6 APPENDIX I. INTERVIEWERS TO SIGN BELOW AS APPLICABLE:

| | |
|---|---|
| COMPANY DEPARTMENTS | |
| DPA <i>NAME/SIGNATURE</i> _____ | ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMENTS _____ | DATE _____ |
| TECHNICAL <i>NAME/POSITION/SIGNATURE</i> _____ | ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMENTS _____ | DATE _____ |
| OPERATIONS <i>NAME/POSITION/SIGNATURE</i> _____ | ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMENTS _____ | DATE _____ |
| GENERAL MANAGER <i>SIGNATURE</i> _____ | ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMENTS _____ | DATE _____ |

Note: 1) Any comments shall be recorded in the relevant fields 2) Final approval as per Table 1 of IMS Ch.6

INTERVIEW CARRIED OUT: AT HEAD OFFICE ☐ THROUGH VIDEOCONFERENCE ☐

| | |
|--|---|
| CERTIFICATES' AUTHENTICITY CHECK <i>Completed by the Crew Manager, when recruitment is conducted directly by the Company. Completed by the Manning Agent, when the recruitment is conducted by the Manning Agency and verified by the Crew Manager.</i> | |
| Authenticity check conducted for certificates: | |
| CONDUCTED BY <i>MANNING AGENT (Name/Position)</i> _____ | RESULTS <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |
| DATE _____ | VERIFIED BY <i>Crew Manager (Name)</i> _____ |
| DATE _____ | RESULTS <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |

| |
|--|
| MEDICAL EXAMINATIONS <i>TO BE CONDUCTED PRIOR TO SEAFARER'S ENGAGEMENT</i> |
| MEDICAL EXAMINATIONS AND D&A TEST COMPLETED SATISFACTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO |