



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 10MSWVG
Position Applied for:	Chief Engineer	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: ANDREY	Last Name: KRIVORUK	
Date of Birth: 28.07.1981	Place of Birth (City and Country): Azerbaijan, Baku	
Email: andrey.krivoruk@gmail.com	Mobile Number: (+994) 50 506 54 82; +994 12 454 74 08	
Permanent Address: 43A R.G Asimov street, Mardakan settl, Baku, Azerbaijan	Expected Salary Per Month: 7000\$-8000\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 51 997 28 77 Mother		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Yuliya	Krivouk	Female	Mother	+994 51 997 28 77

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Azerbaijan Marine Fishing industry Technical College	Azerbaijan	2006	2008	Sub-Bachelor
Azerbaijan Marine Fishing industry Technical College	Azerbaijan	2002	2006	Sub-Bachelor
Caspian Institute of Sea and River Transport	Russia	2016	2021	Bachelor

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Physical Data	
Height	183
Weight	105
Boilersuit Size	XXL
Shoes Size	43
Blood group	A(II)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

Ship Management
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Surveying & Monitoring
New Building & Repair

Sale & Purchasing
Ship Agency
Exclusive Cargo Brokering
Bunker Supply
Technical Services

Address: AZ1075, Azerbaijan, Baku, Yusif Vazir Chemenzemenli 119c, Afen Plaza Business Center 5nd floor, apt 13 **Email:** crewing@unitedalliancegroup.com **Tel:** +994 51 277 19 31

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Seaman`s Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 021935		16.11.2022	Azerbaijan		16.11.2027
Certificate of Competency	Azerbaijan	0004880		21.02.2024	Azerbaijan		21.09.2029
Republic of Azerbaijan	Azerbaijan	C02220470		10.10.2018	Azerbaijan		09.10.2028
Do you hold a US Visa 'C1/D'?		YES/NO	NO	Issue Date:	-	Expiry Date: -	
Do you hold a US Visa 'B1/B2'?		YES/NO	NO	Issue Date:	-	Expiry Date:-	
Have you been rejected for any visa applied for?				YES/NO	NO		
If YES, please state the country and reasons				-			

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Professional Test

Professional Test Date	Name of Test	Score
-	-	-

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License

Name	Issuing Country	Certificate Number	Valid Until
National endorsement of certificate of competency (if issued)	-	-	-
Flag State Endorsements	-	-	-

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STCW Certificates & Trainings

Courses	Issued Country	Certificate No.	Training Center	Date Issued	Date Of Expiry
PERSONAL SURVIVAL TECHNIQS	Azerbaijan	SO-0839-21	UAG	18.05.2021	18.05.2026
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-0839-21	UAG	18.05.2021	18.05.2026
ELEMENTARY FIRST AID	Azerbaijan	SO-0839-21	UAG	18.05.2021	18.05.2026
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-0839-21	UAG	18.05.2021	18.05.2026
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-0839-21	UAG	18.05.2021	18.05.2026
International Safety Management	Azerbaijan	SP-0582-21	UAG	07.05.2021	06.05.2026
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-0646-21	UAG	08.05.2021	08.05.2026
Security Awareness Training For All Seafarers	Azerbaijan	SI-0105-24	UAG	12.01.2024	12.01.2029
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-0040-24	UAG	10.01.2024	10.01.2029
Updating	Azerbaijan	XS-0212-21	UAG	23.07.2021	23.07.2026
Leadership & Teamwork	Azerbaijan	DL-0362-21	UAG	30.04.2021	27.04.2026
Advanced Training in Fire Fighting	Azerbaijan	SJ-0355-21	UAG	07.05.2021	04.05.2026
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0244-21	UAG	05.08.2021	09.07.2026
Advanced training for oil tanker cargo operations (Crude oil washing system)	Azerbaijan		UAG		
Advanced training for Chemical tanker cargo operations; (STCW Code section A-V/1-1, table A-V/1-1-3)	Azerbaijan	AS-0008-24	UAG	19.01.2024	19.01.2029
Medical First Aid	Azerbaijan	SN-0327-21	UAG	16.05.2021	16.04.2026
Eugenie-room resource management;(STCW Code, A-III/1, III/2, III/3, VIII/2)	Azerbaijan	ER-0165-21	UAG	28.04.2021	22.04.2026
Ship`s Gas Analysers and Their Operations	Azerbaijan	ST-0083-21	UAG	06.08.2021	06.07.2026
Dangerous , hazardous and harmful cargoes	Azerbaijan	SK-0169-21	UAG	07.05.2021	30.04.2026

Management and Safety of marine high voltage equipment	Russia	010908	UAG	20.09.2022	20.09.2027
Refresher	Russia	145/2022-CT-ПК	UAG	23,09,2022	23,09,2027

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Seagoing Experience

(Please give a full record starting with the last vessel on which you served)

COMPANY	Name of vessel	Flag	Vessel's Type	DWT	Eng Type	GRT	TEU	Rank	From m/d/y	To m/d/y	Total m/d	REASONS FOR S/OFF
Romes Shipping and International Trading Company LTD	M/V MEROS	Panama	Container Ship	35240	MAK	-	-	2 ND Engineer	20.03.2019	30.06.2019	4 month	End of Contract
Medkon Lines Shipping LTD	M/V MEDKON ISTANBUL	Panama	Cargo/Container Ship	8943	MAK	6285	-	2 ND Engineer	18.09.2019	02.03.2020	6 month	End of Contract
Medkon Lines Shipping LTD	M/V MEDKON SINOP	Panama	Cargo/Container Ship	8972	MAK	6285	-	2 ND Engineer	18.07.2020	30.01.2021	6 month	End of Contract
Medkon Lines Shipping LTD	M/V MEDKON NLS	Panama	Container Ship	8238	MAK	6743	-	2 ND Engineer	10.01.2022	06.09.2022	7 month	End of Contract
Medkon Lines Shipping LTD	M/V MEDKON NLS	Panama	Container Ship	8238	MAK	6743	-	2 ND Engineer	06.05.2023	23.11.2023	7 month	End of Contract

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For Engineers (Please provide details)

Generators	-
Purifiers and Boilers	-
Type of Cranes / No of Reefer Containers	-

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Other Experience

-

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Travel Documents

Name	YES/NO	Country	Date pf Expire
Schengen	YES/NO	NO	-
US	YES/NO	NO	-
China	YES/NO	NO	-
Australia	YES/NO	NO	-

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Insurance ,Health Related Documentation

Medical Certificate (Fit for Duty)	YES/NO	YES
Vaccination		
Yellow Fever	YES/NO	YES
COVID-19	YES/NO	YES

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

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Medical history

Have you ever signed off a ship due to medical reasons?	YES/NO	NO
Have you undergone any operation in the past?	YES/NO	NO
Have you consulted a doctor during the last 12 months for an illness/accident?	YES/NO	NO
Do you have any health or disability problems now?	YES/NO	NO
Do you take any medications regularly?	YES/NO	NO

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

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General

Have you ever been the subject of a court of enquiry or involved in a maritime accident?	YES/NO	NO
Have you ever had a professional license suspended or revoked?	YES/NO	NO

(If YES, please give full details and attach a separate page if necessary)

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References *(Please give the name and address of your current or immediate past employer)*

Name of company	1.-	2.-
Name of person to contact	-	-
Address	-	-
☎ No.	-	-

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Declaration

I hereby declare that the above particulars are true and authorize you to contact the referees listed above.

I have read it, I am familiar with it, I confirm with my signature.



Signature

Date: 05.03.2024

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