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## **APPLICATION FORM**

1	Position	identity card PIN Number 764LAV5
	Position Applied for:	Cook
	Date Available from:	-
	Date Available from:	-

First Name: AZIZ	Last Name: AGHAYEV
Date of Birth: 10.04.2001	Place of Birth (City and Country): Azerbaijan , DAVACHI
Email:-	Mobile Number: (+994) 51 403 18 54
Permanent Address: Sahabran district,	Expected Salary Per Month:
Duzbilci village	1800\$
Nationality: Azerbaijanian	Alternative rank applying for: -

3	Family Details: (If Unmarried kindly give details of Father / Mother)						
	First Name	Last Name	Gender	Relation	Contact		
	Habil	Aghayev	Male	Father	+994 50 412 65 53		

4	Maritime Education				
	Name of school	Country	From	То	Type of degree or diploma
	Kainat Maritime MMC	Azerbaijan	07.2021	11.2021	Course

5	Physical Data	
	Height	168
	Weight	70
	Boilersuit Size	M
	Shoes Size	40
	Blood group	O(I)RH+
	Additional Physical Information:{You can write any other information	vou want to add about your physique in this field.}

6	Seaman's Book & I	dentify Docs				
	DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY

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Seaman Book	Azerbaijan	DQK	018762	23.11.2021	Azer	baijan	23.11.2026
Certificate of Competency	Azerbaijan	RP11164		31.03.2022	Azer	baijan	-
Republic of Azerbaijan	Azerbaijan	C03	525557	12.12.2021	Azer	baijan	11.12.2031
Do you hold a US Vis	a '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				-			

7 Professional Test

Professional Test Date	Name of Test	Score
-	-	-

8 License

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

**STCW Certificates & Trainings** Training **Date Of Issued Country** Certificate No. **Date Issued** Courses Center **Expiry** SO-3315-21 SMPA 02.12.2021 19.11.2026 PERSONAL SURVIVAL TECHNICS Azerbaijan **SMPA** 02.12.2021 19.11.2026 FIRE PREVENTION & FIRE FIGHTING Azerbaijan SO-3315-21 Azerbaijan SO-3315-21 02.12.2021 19.11.2026 ELEMENTARY FIRST AID SMPA PERSONAL SAFETY & SOCIAL RESPONSIBILITY Azerbaijan SO-3315-21 **SMPA** 02.12.2021 19.11.2026 SAFETY FAMILIARIZATION TRAINING Azerbaijan SMPA SO-3315-21 02.12.2021 19.11.2026 International Safety Management Azerbaijan SP-2166-21 SMPA 02.12.2021 02.12.2026 Proficiency in Survival Craft & Rescue SL-2103-21 **SMPA** 30.11.2021 30.11.2026 Azerbaijan **Boats** Security Awareness Training For All SI-1429-21 SMPA 24.11.2021 24.11.2026 Azerbaijan Seafarers Security Training For Seafarers With SH-114321 SMPA 26.11.2021 26.11.2026 Azerbaijan **Designated Security Duties** 

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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

## 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
-	-	-	-	-	-	-	-	-	-	-	-	-
							1/4/					
									1			
			100									
							719					
							2416					
							ball a					
									1			
						6/1/-/						

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11	For Engineers (Please provide details)			
	Generators	-		
	Purifiers and Boilers	-		
	Type of Cranes / No of Reefer Containers	-		

Other Experience

Caspian Catering, Hollywood planet

## **Travel Documents** 12

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

## 13 **Insurance**, Health Related Documentation

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

Medical history 14

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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)

General 15

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	•	
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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16	References (Please give the name and address of your current or immediate past employer)		
	Name of company	1	2

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

17	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.

	Date:	27.03.2024
Signature	-	

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