



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position		identity card PIN Number 4J7XBJD
Position Applied for:	Cook	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: TALEH	Last Name: HASHIMOV	
Date of Birth: 29.07.1989	Place of Birth (City and Country): Azerbaijan, KHURDAMIR	
Email: Yusif_hesimov05@mail.ru	Mobile Number: (+994) 70 448 22 28	
Permanent Address: Absheron district , Khirdalan city, Zerife Aliyeva 1, Azerbaijan	Expected Salary Per Month: 1400\$-1800\$	
Nationality: Azerbaijan	Alternative rank applying for: -	
Person to call in emergency: (+994) 50 68609 36 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Afrayil	Hashimov	Male	Father	+994 50 686 0936

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
Baku Avrasiya University	Azerbaijan	2007	2011	Bachelor
Kaspian Education Center	Azerbaijan	08.2022	12.2022	Course

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Physical Data	
Height	172
Weight	90
Boilersuit Size	XL
Shoes Size	42
Blood group	A(II)RH+
Additional Physical Information: {You can write any other information you want to add about your physique in this field.}	

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Seaman`s Book & Identify Docs

Ship Management
ISM&ISPS Management
Ship Agency
Consultations
Provision, Ship Supply

Yacht Management
Technical Management
Ship Brokering
Surveying & Monitoring
New Building & Repair

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

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

DOCUMENT	COUNTRY	NUMBER		DATE OF ISSUE	PLACE OF ISSUE		DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK 021799		28.10.2022	Azerbaijan		28.10.2027
Certificate of Competency	Azerbaijan	RP12208		11.01.2023	Azerbaijan		-
Republic of Azerbaijan	Azerbaijan	C02330066		28.09.2023	Azerbaijan		27.09.2033
Seaman Book	Panama	PA0414195		02.08.2023	Panama		06.07.2028
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-4583-22	SMPA	11.10.2022	11.10.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-4583-22	SMPA	11.10.2022	11.10.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-4583-22	SMPA	11.10.2022	11.10.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-4583-22	SMPA	11.10.2022	11.10.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-4583-22	SMPA	11.10.2022	11.10.2027
International Safety Management	Azerbaijan	SP-2978-22	SMPA	04.10.2022	04.10.2027
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-3030-22	SMPA	30.09.2022	30.09.2027
Security Awareness Training For All Seafarers	Azerbaijan	SI-2351-22	SMPA	22.09.2022	22.09.2027
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-2037-22	SMPA	06.10.2022	06.10.2027

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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

Russian Language : Average
 English Language : Average
 Turkish Language :Excellent

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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	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)

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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.

Date: 14.08.2024

Signature

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