



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 42257020226
Position Applied for:	Oiler
Date Available from:	-

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Personal Information		Gender: Male
First Name: MAHMUT	Last Name: YASHARSOY	
Date of Birth: 23.06.2000	Place of Birth (City and Country): Turkey, SURUC	
Email: mahmutyasarsoy4@gmail.com	Mobile Number: (+90) 535 799 23 63	
Permanent Address: Ahmet yesavi Mahallesi 2293 SK no8 floor 2	Expected Salary Per Month: -	
Nationality: Turkey	Alternative rank applying for: III/4	
Person to call in emergency: (+90) 5306716863 Father		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Mehmet	Yasharsoy	,Male	Father	+905306716863

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
-	-	-	-	-

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Physical Data	
Height	170
Weight	65
Boilersuit Size	S
Shoes Size	40
Blood group	ORH+
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					
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Turkey	S00374478	08.09.2022	Turkey	08.09.2027

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

Certificate of Competency	Turkey	36FF1953	02.09.2022	Turkey	03.08.2027
Republic of Turkey	Turkey	U3333512	25.07.2024	Turkey	25.01.2025
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 Techniques Training Certificate	Turkey	6EBC2441	TR	02.09.2022	03.08.2027
Training And Qualifications of Personnel on Passenger Ships Certificate	Turkey	723DE0F7	TR	02.09.2022	30.07.2027
Designated Security Duties Certificate	Turkey	15074B80	TR	02.09.2022	-
Fire Prevention and Fire Fighting Training Certificate	Turkey	2A899653	TR	02.09.2022	03.08.2027
Security Awareness Certificate	Turkey	4C214DA4	TR	02.09.2022	-
Security-Related Familiarization Certificate	Turkey	7DAA79B5	TR	02.09.2022	-
Personal Safety and Social Responsibility Training Certificate	Turkey	4E645312	TR	02.09.2022	03.08.2027
Elementary First Aid Training Certificate	Turkey	66BC7FC2	TR	02.09.2022	03.08.2027
Certificate of Proficiency in Basic Training For Oil and Chemical Tanker Cargo Operations	Turkey	28FF3556	TR	02.09.2022	24.07.2027
Engine -room watchkeeping Certificate	Turkey	609410CF	TR	25.03.2024	-
Proficiency in Survival Craft and Rescue Boats	Turkey	0A040019	TR	25.03.2024	30.07.2027

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

[illegible]

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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

Turkish Language: Good

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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: 16.09.2024

Signature

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