



UNITED ALLIANCE GROUP LTD

AZERBAIJAN BRANCH



APPLICATION FORM

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Position	identity card PIN Number 10187960226
Position Applied for:	Able Seafarer Deck
Date Available from:	-

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Personal Information		Gender: Male
First Name: SUSLU	Last Name: SHAHIN	
Date of Birth: 15.07.1962	Place of Birth (City and Country): Turkiye , PAZAR	
Email: suslusahin036@gmail.com	Mobile Number: (+90) 530 286 84 16	
Permanent Address: Yeni settlement , Elit kent uilding , Hendek / Sakarya	Expected Salary Per Month: -	
Nationality: Turkiye	Alternative rank applying for: Boatswain	
Person to call in emergency: (+90) 539 326 15 18 Son		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Ilyas	Suslu	Male	Son	+905393261518

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

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Physical Data	
Height	185
Weight	105
Boilersuit Size	3XL
Shoes Size	46
Blood group	O 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					
DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Turkiye	S 00328249	04.06.2021	Turkiye	04.06.2026

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	Turkiye	10615929	04.06.2021	Turkiye	04.06.2026
Republic of Turkiye	Turkiye	U35929720	19.06.2023	Turkiye	19.06.2033
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
Fire Prevention And Fire Fighting Training Certificate	Turkiye	11628109	TR	04.06.2021	21.05.2026
Elementary First Aid Training Certificate	Turkiye	11628108	TR	04.06.2021	27.04.2026
Navigational Watchkeeping Certificate	Turkiye	11628107	TR	04.06.2021	-
Personal Safety and Social Responsibility Training Certificate	Turkiye	11628106	TR	04.06.2021	27.04.2026
Security-Related Familiarization Certificate	Turkiye	11628105	TR	04.06.2021	-
Security Awareness Certificate	Turkiye	11628104	TR	04.06.2021	-
Personel Survival Techniques Training Certificate	Turkiye	11628103	TR	04.06.2021	21.05.2026
Proficiency in Survival Craft And Rescue Boats Certificate	Turkiye	11628102	TR	04.06.2021	21.05.2026
Designated Security Duties Certificate	Turkiye	11628101	TR	04.06.2021	-

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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

English Language : Average

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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: 12.12.2024

Signature

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