

# **Application Form**

### Able seaman

Section 1	Position						
Position Applied for	Able Seaman						
Lowest Position Acceptable	Able Seaman						
Date of Issued	27.02.2025						
Section 2	<b>Personal Details</b>						
Family name / Surname	Hajiyev						
First Name / Given Name	Kanan						
Date & Place of Birth	Date – 02.04.1994	Place-	Baku / Azerbaija	ın			
Nationality	Azerbaijanian						
Permanent Address	Baku/Azerbaijan Surak	khani dist	rict, Midia 2 / 15	5			
Present Address	Baku/Azerbaijan Sural	khani dist	rict, Midia 2 / 15	5			
		T			<u></u>		
PPE information	SAFETY SHOES SIZE	40	COVERALL SIZ	<u>ZE</u>	(L)		
Blood Group							
Physical Information	<u>HEIGHT</u>	170	<u>WEIGHT</u>		78		
Present Contact Number	+99451-646-73-22						
Mobile Number	+99451-646-73-22						
SKYPE ADDRESS	Orkhan Hajiyev						
Email Address	kenanhaciyev796@gmail.com						
Nearest Airport (and Distance)	Haydar Aliyev International Airport (Baku)						
Section 3	Passport and VISA	details					
Country of Issue	Azerbaijan	USA	Visa - Type				
Date Issued	01.11.2024	USA	VISA Expires				
Place Issued	Ministry of Internal	USA	Visa - Type				
	Affairs of Azerbaijan						
Passport Number	C05257994		VISA Expires				
Passport –Expires	31.10.2034	Othe	r Country Visa				
Secondary passport or Dual nationality			Visa Expiry				
Section 4 (hi-light as required)	Seaman book / Dischar	ge book /	Seaman Record	l Boo	k / CDC		
Issuing Country & Place	Date Issued						
Number	Expiry Date (if any)						
Section 5	Next of Kin – this is in	portant inf	formation we requir	re- Do	n't ignore it		
Full Name / Relationship	Haciyeva Cinare						
Any dependents / Children (incl age )							

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Address	Baku/Azerbaijan Surakhani district,Midia 2
Contact Numbers	+99477 599 07 09

 $Section\ 6\ {\rm STCW2010}\ ({\rm STCW78},\ as\ amended)\ Highest\ Certificate\ of\ Competency\ /\ Licence\ Held$ 

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Class / Grade/Capacity	Issuing Co	ountry	Certij N		Date Iss	ued	Expi	ry	Details of	Limitations
2.5 Able	Azerbaijan	1	RP08	637	17.02.20	025			None	
Seafarer	•									
Deck										
Panama										
<b>Endorsment</b>										
Moldova										
<b>Endorsment</b>										
Also Enter Abo	ove Details o	f any	Other Fla	ag Sta	ate Certifi	cates	(Also Li	st Fla	g State End	dorsements)
Section 7	STC	W20	10 (STCW	/ <b>78</b> , as	s amended)	D	angero	us C	argo Endo	orsements
		Certif	ficate No.	Da	te Issued	Е	xpires	Det	ails of Limita	tions/ Grade
Petroleum										
Liquefied Gas										
Liquid Chemical										
Section 8 ST	ГСW2010 (S	TCW78	8, as amend	led) 1	related Co	urses	Attende	d and	l Certificate	es Obtained
Name of Cou	ırse / Certifica	te	STCW C	ode	Place		Issue Dat	te	Cert No	Expiry Date
International Safet					Azerbaijan		25.10.202	4 S	P-3681-24	25.10.2029
Proficiency in surv		oats	A-VI/2				06.11.202	4 S	L-3818-24	05.11.2029
than fast rescue bo Safety familiarizat			VI/1-1				0 < 11 202	4 0	0. 4202.24	01 11 2020
Personal survival t			VI/1-1 VI/1-2.1.1				06.11.202	4   5	O-4202-24	01.11.2029
Fire prevention and			VI/1-2.1.2							
Elementary first ai	d		VI/1-2.1.3							
Personal safety and	d social		VI/1-2.1.4	Ļ						
responsibilities										
Ship security-related security-awareness to			A-VI/6-1;	4			18.11.202	4 S	I-4416-24	
Training for seafar security duties		ated	A-VI/6-6;	8			15.11.202	4 S	H-3597-24	
Medical Certificate	e						23.10.202	4		23.10.2026
						-		+		
								+		
								-		
								+		
			<u>l</u>		l				]	Page 2 of 7

her not alread	ly mentioned
Cert No	Expiry
<u> </u>	
<del>                                     </del>	
+	
SCORE	
SCORE	
Yes	
105	
N METERS	<mark>??????</mark>
	Full or
	Limited
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Section 11	<b>Medical History</b>
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	YES	NO
1. Have you ever signed off a ship due medical reason and been hospitalised?		X
2. Have you ever been signed off the vessel and repatriated due illness?		X
3. Have you undergone any medical operations in past?		X
4. Have you consulted a doctor during the past 12 months for an illness / Accident		X
5. Do you have any health or disability problem now??		X
6. Any Past Medical Condition – Which May Affect Your Work :- (If Yes Than Please S	specify Belov	w)
7. Do you feel healthy and fit to perform the duties of your designated Position/occupation?	X	
8. Are you allergic to any medications?- If Yes, then please identify below		X
Allergic to Medications:		X
9. Are you taking any non-prescription or prescription medications at present?		
If yes, please list the medications taken, and the purpose(s) and dosage(s):		X
PRESCRIPTION MEDICATION:		
NON-PRESCRIPTION MEDICATION:		
If answer to any of above is YES then give further details below or o	n a separa	ate sheet
NOTE: All our clients have STRICT Alcohol and Drug Po		
Which means ZERO TOLERENCE for alcohol and drug		
Section 12 General		
	Yes	No
Have you ever been involved in a maritime accident, ie grounding, fire, Explosion, Collision.etc		$\mathbf{X}$
Have you ever been the subject of a court of enquiry or involved in a maritime accident		$\mathbf{X}$
Have you ever had a professional licence suspended or revoked		$\mathbf{X}$
Have you ever been convicted of any criminal offence?		X
Have you ever been dismissed due any reason		X
If yes to any of above then please full details below or on separate	sheet of p	aper
Section 13 PROVIDE DETAILS OF YOUR LAST TWO EMPLOYERS,		
ORDER TO OBTAIN CONFIRMATION ON YOUR SEA SER		
Name of company		
EMAIL		
Name of company		
Section 14 Any other information, you wish to add in support of you	r annlicatio	on .
i like sports, football, fitness and swimming. a free times i'm reading romance.	- аррисан	UII.
I hereby confirm that All my certificates / Licences are Authentic / SEASERVICE I ACCURATE and I confirm accepting Companies DRUG & ALCOHOL Policy	RECORD is	
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Section 15	Recor	d of Sea Serv	ice			(All )	Dates to be e	ntered as dd	<u> /mm/yy</u> y
	Please g	give full record	of sea service	START	TING FROM	I LAST VE	ESSEL FIR	ST	
VESSEL	COMPANY	Area of Operation	Type of Vessel And Type of operation in case of DP vessels	DWT or GRT (please delete as reqd)	Type of Engines Or DP System	ВНР	RANK	Sign on DATE	Sign off DATE
							(	dd / mm /yyyy	dd /mm/yy
RIVER WIND	CUNDA	Black, Mediter.	General	2562			2.5	21.02.2018	15.12.201
	SHIPPING		Cargo	3257	-	-	Able Seaman		
VOLGA DON 207	CUNDA SHIPPING	Black,Mediter.	General Cargo	3991 4585			2.5 Able Seaman	18.04.2019	02.01.202

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#### ADDITIONAL INFORMATION SHEET

#### VESSEL TYPE YOU ARE INTERESTED IN (please list in order of priority)

1.GENERAL CARGO

2.BULK CARRIER

3.CONTAINER

4.MULTIPURPOSE

5.

#### MAXIMUM ACCEPTABLE CONTRACT PERIOD (Please indicate below)

#### **3 - 6** months

Please Quote –Consolidated MINIMUM MONTHLY SALARY (no leave pay) payable for time onboard only or Working DAY RATE EXPECTATION (no leave pay) (please quote below in US\$ -preferred or Euro or GBP£)

1200 USD Minimum

Languages Spoken / Written / Und	lerstood (1-poor	5-Fluent)	
	Spoken	Written	<b>Understood</b>
ENGLISH	2	2	2
RUSSIAN	4	4	4
TURKISH	5	5	5
AZERBAIJANI(native)	5	5	5

## DRUG & ALCOHOL POLICY

ALL Our Clients have very strict NO DRUG and ALCOHOL POLICY, Which is required to be complied with at all times, which means """ZERO TOLERENCE on ALCOHOL & DRUG""" Your body must NOT have any ALCOHOL or DRUG substances from the time you board your flight or commence your travel to join vessel, and Must remain so Until you have completed full contract and returned to your home Airport / Town

If during the said period you are found under the influence of DRUG or ALCOHOL then ALL EXPENCES incurred which will include all your travel and recruiting costs, And your relief's Travel and recruiting costs, And Any other costs whatsoever incurred due to your NON-COMPLIANCE will be deducted from your salary, Which will include but not limited to "damage to vessel her equipments and machineries, loss of charter, and any other costs Directly or indirectly connected with your NON-COMPLIANCE

## FOLLOWING DOCUMENTS COPIES MUST BE SENT TO US- send to us In separate Email – NOT MORE THAN 5 MB

All Certificates / Courses Listed in this form + Licence or Certificate of competency, GMDSS showing expiry date + Endorsement in case of Deck Officers, Medical Fitness / Examination Certificate, Passport Main page / Address page in case of Indians, Seaman book or Discharge book Main pages, In case of DPO – DPO Cert, DP LOG Pages, Any tanker endorsements

FOLLOWING ADDITIONAL DOCUMENTS will ALSO BE REQUIRED – Send to us in separate email – NOT MORE THAN 5 MB

All short courses certificates (STCW2010, 78 as amended), SSO certificate, Last 3-5 years ships entries in Discharge book or Seaman book, Last 5 years Passport immigration stamp pages, Certificate of Equivalent Competency from other flag states

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