

Application for Employment

1. Personal Data



First Name Oleg	Middle Name(s)	Last Name /Surname Starkov
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Citizenship:Ukraine	Country of Origin Ukraine	Date of Birth: 22/07/1972 (DD/MM/YYYY)	Place /City of Birth Izmail /Ukraine
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Marital Status: Married	Gender:Male
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Rank applied for:Master	Willing to accept lower rank?	Available From(date) :01/04/2025 (DD/MM/YYYY)
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Primary/Permanent Address (Street):		Alternative /Temporary Address (Street)	
City:Izmail	Post Code	City:Constanta	Post Code:
Country: Ukraine	Nearest Airport:Bucharest	Country:Romania	Nearest Airport:Bucharest
Mobile Ph:+380674823593	Home Ph.	Phone:	Mobile Ph:+40742116985
Skype:	Email:starkovo087@gmail.com		

Height: 185	Weight: 100	Hair Colour:Light Brown	Eyes Colour:Grey	
Boiler suit Size:XXL	Sweater Size:XXL	Shirt Size:XXL	Trousers Size:44	Shoes Size:44

2. Next of Kin & Family Details

Full Name of Nominee for compensation in case of fatality Oksana Starkova		Relationship ² Spouse	Gender;Female	Citizenship:Ukraine
Address(Street) :Mikhaylovskaiia 23/2 app. 57				
City:Izmail	Post Code:	Country:Ukraine	Tel:+380503334371	Mobile:+380964297557
Number of dependent Children(up to 21):one				

2 Select From:Spouse ePartner • Child eParent • Grand Parent • Other Relative (Please Specifhy

3. Personal ID /Documents /Visa

Type of Document /ID	Country of Issue	No	Date of Issue (DD/MM/YYYY)	Issued at (Place)	Valid Until (DD/MM/YYYY)
Seaman's Book (National)	Ukraine	AB 672763	05/04/2021	Port Izmail	05/04/2026
Passport	Ukraine	FL 524531	05/02/2018	5119	05/02/2028
US Visa C1/D	Ukraine	20193572210001	26/12/2019	Kyiv	22/12/2029
Yellow fever vaccination	Ukraine		23/04/2009	Odessa	

Other					

3 Select as applicable: oPassport • Seamans Book • Seaman Passport • Seafarers' Identity Document • Health Insurance • Driving Licence • Visas • Yellow Fever.

4. Maritime Educational Institution (MEI)

Name of MEI	Diploma Number	Grade	Year of Graduation
ONMA	001826	Navigation	1995

5. STCW-1978(amended 1995) Compliant Certificates /Courses and Other Qualifications:-

(A) Reg II/1-4, III/1-4 Officers Certificate of Competency & Ratings Watch-keeping Certificate

Certificates of Competency:s	Country of Issue	Number	Date of Issue (DD/MM/YYYY)	Date of Expiry (DD/MM/YYYY)	Place of Issue	Issuing Authority / Body
Master on ship of 3000 GT or more	Ukraine	05845/2024	22/04/2024		Ukraine	Mykhailo Boichuk

(B) Tanker endorsement

Description	Level (Management or Operational)	Country of Issue	Number	Date of Issue (DD/MM/YYYY)	Date of Expiry (DD/MM/YYYY)	Place of Issue	Issuing Authority / Body
Oil							
Chemical							
Gas							

5 Enter here **actual description** given in the Competency Certificate /Watchkeeping Certificate held by you

(C) GMDSS Certificate

Certificate of Competency	Country of Issue	Number	Date of Issue (DD/MM/YYYY)	Date of Expiry (DD/MM/YYYY)	Place of Issue	Issuing Authority / Body
GMDSS	Ukraine	05844/2024	22/04/2024		Ukraine	Mykhailo Boichuk

(D) Reg VI/1-Basic Safety Training (SOLAS)

Description of Cert /Course	Country of Issue	Number	Date of Issue (DD/MM/YYYY)	Date of Expiry (DD/MM/YYYY)	Place of Issue	Issuing Authority / Body
Personal Survival Techniques	Ukraine	03565/2024	24/05/2024	24/05/2029	Odessa	Admiral
Elementary First Aid	Ukraine	02857/2024	24/05/2024		Odessa	Admiral
Fire Fighting & Fire Prevention	Ukraine	03395/2024	24/05/2024	24/05/2029	Odessa	Admiral
Personal Safety & Social Resp	Ukraine	04110/2024	03/04/2024	03/04/2024	Odessa	Admiral

(E) Reg VI/2-4 Additional Training

Description of Cert /Course	Country of Issue	Number	Date of Issue (DD/MM/YYYY)	Date of Expiry (DD/MM/YYYY)	Place of Issue	Issuing Authority / Body
Proficiency in Survival Craft & Rescue Boat	Ukraine	03565/2024	24/05/2024	24/05/2029	Odessa	Admiral
Fast Rescue Boats						
Advanced Fire Fighting	Ukraine	03395/2024	24/05/2024	24/05/2024	Odessa	Admiral
Medical First Aid	Ukraine	02857/2024	24/05/2024		Odessa	Admiral
Medical Care	Ukraine	01068/2024	24/05/2024		Odessa	Admiral

(F) Reg V/1-Special Requirement for Tankers

Description of Cert /Course	Country of Issue	Number	Date of Issue (DD/MM/YYYY)	Date of Expiry (DD/MM/YYYY)	Place of Issue	Issuing Authority / Body
Tanker Familiarisation (Oil)						
Tanker Familiarisation (Gas)						
Tanker Familiarisation (Chem)						
Special Tanker Safety (Oil)						

Special Tanker Safety(Gas)						
Special Tanker Safety(Chem)						

(G) V/2 and V/3-Special requirement for Passenger /Ro-Ro Passenger Vessels

Description of Cert /Course	Country of Issue	Number	Date of Issue (DD/MM/YYYY)	Date of Expiry (DD/MM/YYYY)	Place of Issue	Issuing Authority / Body
Crowd Management						
Crisis Management &Human Behaviour						
Pax Safety,Cargo Safety &Hul Integrity						
Pax Safety						
Familiarisation Training						
Safety Training						

H) Other mandatory/recommended Certificates /Courses (able)

Description of Cert /Course	Country of Issue	Number	Date of Issue (DD/MM/YYYY)	Date of Expiry (DD/MM/YYYY)	Place of Issue	Issuing Authority / Bod)
ARPA&Radar (Reg II/1 +Solas)	Ukraine	00992/2024	24/05/2024		Odesse	Admiral
Bridge Team/Resource Mgmt	Ukraine	01250/2024	24/05/2024		Odesse	Admiral
Shiphandling Simulator						
ECDIS	Ukraine	01342/2024	24/05/2024		Odessa	Admiral
Shipboard Security Officer	Ukraine	01634/2024	24/05/2024		Odessa	Admira
Framo cargo pumps						
Engine Room Simulator						
Liquid Cargo Simulator						
Hazmat (US-49CFR)						

6. Sea Experience:(for the last 5 years)

Company	Ship's Name	Flag	Type (6)	DWT	Main Engine(7)	BHP	Rank	Date From (DD/MM/YYYY)	Date To (DD/MM/YYYY)
UDP	Pavel Antokolskiy	UKR	HLV				30FF	1995	1999
Smith International	Smith Explorer	OTHER	HLV				30FF	1999	2001
Smith International	Smith Express, Smith Enterprise	OTHER	HLV				20FF	2001	2004
Dockwise	Super Servant 3, Super Servant 4	OTHER	HLV	21904			COFF	2004	2008
Dockwise	Super Servant 4	OTHER	HLV	21904			MAST	2008	2014
Spliethoff	Super Servant 4	OTHER	HLV	21904			MAST	2014	2024

(6)Use only the following abbreviations for vsl types:

B/C	Bulk Carrier	FPSO	FloatgProdStorOffldg	MLP	Multi-purpose	PAS	Passenger Ship	YAT	Yacht
CON	Cellular Container	GCD	General Cargo	MSV	MultiServiceVessel	RFG	Reefer Vesse	TNB	Tanker(Bitumen
CHM	Chem Carrier IMO I-II	HLV	Heavy Lift Vsl	NVL	Naval Ship	R/R	Ro/Ro Carrier	TNC	Tanker(Crude)
CH3	Chem Carrier IMO III	LSH	Lash	RIG	OffShore Qil Rig	PRR	RoRo-Pax	TNP	Tanker(Products)

CH2	Chem Carrier IMO II	LIV	Live Stock Carrier	OSV	OffShore Supply Vsl	SAL	Sailing Vsl	TNS	Tanker(Storage)
DP	Dynamic Positioning	LNG	LNG Carrier	OBO	Ore/Bulk/OilCarrier	SRV	Survey Vessel	TNV	Tanker(vlcc/ulcc)
FSH	Fishing Vsl	LOG	Log/Timber	O/O	Ore/OilCarrier	SUL	Self-Unloader	DRG	Dredgers
FSO	FloatingStorageOffldg	LPG	LPG Carrie	OTH	Other	TUG	Tug		

(7)Engineers to give make/model of engines,e.g. "MAN 14V52/55A"or "SULZER 5RTA58"

Years in Rank	Years on Tankers	Years on this type of Vessel
18		30

Chief Engineers:	Do you have Class Approval from Last Company?	Which Class society:

7.Cargoes worked with (Applicable for Deck Department & Pumpmen only)

All types of heavy lift cargo
Crans, barges, off-shore constructions, luxury yachts, navy ships, tugs, ferries, river passengers' ships, VESTAS wind blades, dredgers, vehicles...

8.Multinational Crew Experience

Ukrainians /Russians
Filipino
Passengers and riders from the whole world....

9.Medical History:**(A)Have you ever signed off a ship due to medical reasons?**

If yes, please provide following details (If space is insufficient, attach additional sheets):

Name of vessel	Date of occurrence	Place of occurrence
Brief description of illness/injury/accident		

(B)Have you undergone any operation in the past?

If yes, please provide following details:

Details of operation	Date (DD/MM/YYYY)	Period of disability	Present condition

(C)For what illnesses or accidents have you consulted a doctor during the last 12 months?

Details of illness /accident	Date (DD/MM/YYYY)	Therapy/Treatment

(D)Please give details of any health or disability problem

Details:

10.General**(A)Have you ever been denied a foreign visa?**

If yes, state which country and reason (if known)

(B)Have you been the subject of a court of enquiry or involved in a maritime accident?

If yes, please attach details

(C)Give details below of two recent employers who we may contact for references:

	Reference 1	Reference 2
Name of Company		
Name of person to contact		
Country		
Telephone		

I hereby declare that the above, including Medical History, is true. I understand that this data will be stored in your databases in relation to my actual or potential employment. Further, I confirm that the above may involve the transfer of my personal data to potential clients/principals

Place: Constanta /Romania Date: 01/04/2025

Signature:

For Office Use only