



APPLICATION FORM

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Position		identity card PIN Number 24GLP59
Position Applied for:	Cook	
Date Available from:	-	

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Personal Information		Gender: Male
First Name: BALADOV	Last Name: AGIM	
Date of Birth: 21.07.1962	Place of Birth (City and Country): Azerbaijan,Baku	
Email: -	Mobile Number: (+994) 77 318 35 35	
Permanent Address: Azerbaijan,Garadagh dtsr	Expected Salary Per Month: -	
Nationality: Azerbaijan	Alternative rank applying for:	
Person to call in emergency: (+994) 70 739 49 17 Wife		

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Family Details: (If Unmarried kindly give details of Father / Mother)				
First Name	Last Name	Gender	Relation	Contact
Rasmiyya	Baladova	Female	Wife	+994 70 739 49 17

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Maritime Education				
Name of school	Country	From	To	Type of degree or diploma
House of culture named sumgayit city N.Narimanov	Azerbaijan	02.01.2003	02.07.2003	course

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Physical Data	
Height	1.82
Weight	80kg
Boilersuit Size	XL
Shoes Size	44
Blood group	B(III)RH+
Additional Physical Information:{You can write any other information you want to add about your physique in this field.}	

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

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Seaman`s Book & Identify Docs

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Seaman Book	Azerbaijan	DQK018177	14.08.2021	Azerbaijan	14.08.2026
Certificate of Competency	Azerbaijan	RP06076	31.08.2022	Azerbaijan	-
Republic of Azerbaijan	Azerbaijan	C03457971	21.05.2024	Azerbaijan	23.05.2034
Do you hold a US Visa 'C1/D'?	YES/N	NO	Issue Date:	-	Expiry Date: -
Do you hold a US Visa 'B1/B2'?	YES/N	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-3704-22	SMPA	09.08.2022	03.08.2027
FIRE PREVENTION & FIRE FIGHTING	Azerbaijan	SO-3704-22	SMPA	09.08.2022	03.08.2027
ELEMENTARY FIRST AID	Azerbaijan	SO-3704-22	SMPA	09.08.2022	03.08.2027
PERSONAL SAFETY & SOCIAL RESPONSIBILITY	Azerbaijan	SO-3704-22	SMPA	09.08.2022	03.08.2027
SAFETY FAMILIARIZATION TRAINING	Azerbaijan	SO-3704-22	SMPA	09.08.2022	03.08.2027
International Safety Management	Azerbaijan	SP-0336-23	SMPA	03.02.2023	03.02.2028
Proficiency in Survival Craft & Rescue Boats	Azerbaijan	SL-2002-24	SMPA	14.06.2024	06.06.2029
Security Awareness Training For All Seafarers	Azerbaijan	SI-2330-24	SMPA	30.05.2024	-
Security Training For Seafarers With Designated Security Duties	Azerbaijan	SH-1810-22	SMPA	15.09.2022	09.09.2027
Basic training and qualifications on oil and chemical tanker cargo operations;	Azerbaijan	SA-0654-22	SMPA	02.09.2022	02.09.2027

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

[illegible]

- 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

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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

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Travel Documents

Name	YES/NO	Country	Date of 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	-	-
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.

Signature

Date: 05.05.2025

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