

APPLICATION FORM

Positions applied for:				Date of readiness:			
Surname:				Name:			
Father's name:				Mother's name:			
Date of birth:				Nationality:			
Place of birth: (City, Country)				Marital status:			
						No. of Children under 18	
Home Address:							
Home Zip :				Contact Phone:			
E-mail:				Skype/Telegram:			
Next of kin:					Relation:		
Next of kin's address:					Next of kin's phone No		
Height (cm):		Weight (kg):		Size of Overall (EUR):			
Eyes Colour:		Hair Colour:		Shoes (EUR):			
Marine Education							
Name of maritime college or academy					From		
Department					Till		
PASSPORTS and CERTIFICATES							
DOCUMENT		NUMBER	ISSUED DATE	VALID UNTIL	PLACE		
TRAVEL PASSPORT:							
SEAMAN'S BOOK (SID):							
CIVIL PASSPORT:							
U.S. VISA:							
OTHER VALID VISA:							
CERTIFICATE OF COMPETENCY # 1							
RANK / CAPACITY							
ENDORSEMENT OF CERTIFICATE # 1							
CERTIFICATE OF COMPETENCY # 2							
RANK / CAPACITY							
ENDORSEMENT OF CERTIFICATE # 2							

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CERTIFICATE	NUMBER	ISSUED DATE	VALID UNTIL	PLACE
GMDSS CERTIFICATE/ENDORSEMENT				
BASIC SAFETY TRAINING				
PROFICIENCY IN SURVIVAL CRAFT				
ADVANCED FIRE FIGHTING				
MEDICAL FIRST AID				
MEDICAL CARE				
SHIPS SECURITY OFFICER				
DESIGNATED SECURITY DUTIES				
SECURITY AWARENESS				
SHIPS SAFETY OFFICER / ISM				
RADAR NAVIGATION, RADAR PLOTTING AND USE OF ARPA				
DANGEROUS & HAZARDOUS CARGOES				
BRIDGE TEAM MNGT				
ENGINE ROOM RESOURCE MNGT				
ECDIS GENERIC				
ECDIS SPECIFIC				
BASIC TRAINING FOR OIL & CHEMICAL TANKER CERTIFICATE				
ADV. TRAINING FOR OIL TANKER CERTIFICATE				
ADV. TRAINING FOR CHEMICAL TANKER CERTIFICATE				
BASIC TRAINING FOR OIL AND CHEMICAL TANKER - ENDORSEMENT				
ADV. TRAINING FOR OIL TANKER -ENDORSEMENT				
ADV. TRAINING FOR CHEMICAL TANKER - ENDORSEMENT				
BASIC/ADV. TRAINING FOR GAS TANKER ENDO				
HIGH VOLTAGE EL. EQUIPMENT				
COOK CERTIFICATE				
MESSMAN (MLC-2006)				
YELLOW FEVER CERTIFICATE				
COVID-19 VACCINATION CERTIFICATE				

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FOREIGN SEAMAN’S ID / RECORD BOOKS				
FLAG	NUMBER	ISSUED DATE	VALID UNTIL	PLACE

Date: 25.10.2022
Prepared by: Quality Manager. Approved by: Crewing Director. Validated by: Quality Manager.

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BRIEF INFORMATION ABOUT PREVIOUS EMPLOYERS			
COMPANY	PERSON IN CHARGE	CONTACT DETAILS (Phone Number, e-mail)	
	I hereby confirm that above information is true and correct to the best of my knowledge. I understand that this information will be held in the computer database due to my real or possible employment. Signing it, I willfully give my permission to collect and process my personal information and to use it in all and legal way. I give my permission for my personal information to be provided to the possible employers and any other persons, if such need arises for my employment. Besides, I permit the SEA WAVE SHIPPING employees to request personal information (data) about me from my former employers.		
Date:			Signature: