

APPLICATION FORM (SEA STAFF)

PERSONAL DATA

Applied for the position of: **Ch Engineer** PHOTO
 Surname: Vyskrebentsev Name: Mykola
 Father's name: Mykolaiovich Mother's name: _____
 Nationality: Ukraina Date of birth: 26.04.1966
 Place of birth: Ukraina
 Marital status: Married Religion: Odessa
 Weight: 110 Height: 185
 Home address: 15bld Pushkina str. ,B.Dolina cyt. Odessa reg. Ukraine



Tel.: +380675561667 Tel.: _____ e-mail: vyskrebentsev1966@gmail.com
 Next of kin name: Wife Tatyana Surname: Vyskrebentseva
 Next of kin address: 15bld Pushkina str. ,B.Dolina cyt. Odessa reg. Ukraine Tel: +380979303887
 Dependants (number): _____ Sons: _____ Daughters: _____

DOCUMENTS	NUMBER	ISSUING AUTHORITY	Date Issued	Expiry Date
Passport	FT908764	Ukraine	24/01/2019	24/01/2029
Seaman's book	AB679443	ODESSA	25.05.2021	25.05.2026
SIRB				
US VISA	0084021	KYIV	15/12/2017	15/12/2027
STCW Endorsement/ COC				
Medical Fitness Certificate				
Cholera Vaccination				
Yellow Fever Vaccination	597	ODESSA	03.02.2016	03.02.2026

MEDICAL BACKGROUND

	YES	NO	(IF YES, PLEASE DESCRIBE)
Any Previous Surgery?		NO	
Any Previous Illness / Injury / Temporary disability?		NO	
Any Physical Handicap?		NO	
Any Drug Related Problem?		NO	
Any Alcohol Related Problem?		NO	
Any involvement in an accident resulting to loss of life or personal injury or damage to ship, cargo, pollution, etc.?		NO	

QUALIFICATIONS

CERTIFICATES	YES	NO	ISSUING AUTHORITY	Date Issued	Expiry Date
Certificate of competence / license	YES		Shipping Administration M.Boichuk.	26/09/2024	
National Administration Endorsement	YES		Shipping Administration M.Boichuk.	26/09/2024	26/09/2029
Flag Administration Endorsement					
Navigational watchkeeping A-II/1					

Navigational watchkeeping A-II/2					
Navigational watchkeeping A-II/4					
Engine Room watchkeeping A-III/1					
Engine Room watchkeeping A-III/2					
Engine Room watchkeeping A-III/4					
Cargo Handling Training (IMDG Code)					
Radar Observation & Ploting Training					
ARPA					
GMDSS radio operators A-IV/2					
Welder/Fitter (additional)					
Cook's Qualification Certificate					
Basic training A-VI/1-1 to 1-4	YES		Chernomorsk	16.08.2024	16.08.2029
Proficiency in surv.craft & RB other than FRB A-VI/2-1	YES		Chernomorsk	16.08.2024	16.08.2029
Advanced fire fighting A-VI/3-1	YES		Chernomorsk	16.08.2024	16.08.2029
Medical care A-VI/4-1,2	YES		Chernomorsk	16.08.2024	16.08.2029
Ship Security Officer A-VI/5					
Safety Officer					
Proficiency in Security Awareness A-VI/6-4					
Proficiency in Designated Security Duties A-VI/6-6 to 6-8					
Bridge Resource/Team Management (BRM/BTM)					
Engine Resource Management (ERM)	YES		Chernomorsk	07.10.2024	07.10.2029
Risk Assessment					
Incident Investigation					
ECDIS (generic)					
ECDIS (type specific)					
Ship handling					

Native Language: _____ | English: ☐ Good ☐ Basic | Other languages: _____

Training needs: _____

PREVIOUS SEA SERVICE								
COMPANY	RANK	SHIP'S NAME	TYPE	ENGINE	DWT / BHP	SERVICE TIME		REASON OF SIGN-OFF
						DATE ON	DATE OFF	
Redhill shipping PTE LTD.	2 eng	X-Press Jersey	contain er	MAN&BW 6S80ME-C9	64596 /27060	15/07/2019	03/11/2019	Fin.contract
MassMaual Asset Finance LLC	2 eng	Contamines	bulk	MAN&BW 6G70ME-C9	180000/15748	24/08/2020	18/03/2021	Fin.contract
Oghiaanous Khoroushan Shipping	Ch.Eng	BASKAR	bulk	MAN&BW 6S50MC-C	53500/9480	27/05/2021	06/11/2021	Fin contract
Clod Jet ltd	Ch Eng	Pacific Victor	General Cargo	MAN&BW 6S40ME-9B	28309/8100	08/07/2022	12/01/2023	Fin contract
TMS Ship Management GmbH	Ch Eng	Cetus Orca	bulk	MAN B&W 5S50ME-9B	43494/6050	15/08/2023	07/12/2023	Fin contract
Salvinia Steamship	Ch Eng	Salvinia	bulk	MAN B&W 5S50ME-9B	18969/5180	10/04/2025	13/09/2025	Fin contract

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<p><i>In accordance with the EU law on General Data Protection Regulation – GDPR – 2016/679 , came into force on 25.May.2018, I hereby grant permission on processing of my personal data such as:</i></p> <ul style="list-style-type: none"> ❖ <i>Name,</i> ❖ <i>Home Address,</i> ❖ <i>Telephone,</i> ❖ <i>Personal Information (Age, Sex, Marital Status, ...etc)</i> ❖ <i>Family composition,</i> ❖ <i>Educational & Training background,</i> ❖ <i>Professional Path (Senior Officer, Officer, Rating),</i> ❖ <i>Photograph,</i> ❖ <i>Medical background,</i> ❖ <i>Any other Personal Data may be required where processing is necessary for the purposes of carrying out the obligations and exercising specific rights of the controller (Manning Agent) for the data subject in the field of employment and the Personal Data are not disclosed outside that body and is exclusively dedicated to shipping and crew manning related matters on a business-to-business basis.</i> 								
<p>APPLICANT NAME: SIGNATURE: DATE:</p>								

MANNING AGENT CREW OFFICER APPLICATION REVIEW		
NAME OF REVIEWER	DATE	SIGNATURE

CERTIFICATES' AUTHENTICITY CHECK <i>Completed and verified by the interviewer (for newcomers)</i>	
<p>Authenticity check conducted for certificates:</p> <p>CONDUCTED BY <i>(Name/Position)</i></p> <p>DATE RESULTS <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</p>	

MANNING AGENT REFERENCES/INFORMATION, ETC. FROM PREVIOUS EMPLOYERS	
COMPANY'S NAME:	REMARKS:
COMPANY'S ADDRESS:	
COMPANY'S TEL:	
CONTACT PERSON:	

MANNING AGENT REFERENCES/INFORMATION, ETC. FROM PREVIOUS EMPLOYERS	
COMPANY'S NAME:	REMARKS:
COMPANY'S ADDRESS:	
COMPANY'S TEL:	
CONTACT PERSON:	

MANNING AGENT REFERENCES/INFORMATION, ETC. FROM PREVIOUS EMPLOYERS	
COMPANY'S NAME:	REMARKS:
COMPANY'S ADDRESS:	

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COMPANY'S TEL:	
CONTACT PERSON:	

MANNING AGENT INTERVIEW		AT MANNING AGENT OFFICE <input type="checkbox"/>	THROUGH VIDEOCONFERENCE <input type="checkbox"/>
DATE OF INTERVIEW:			
INTERVIEWED BY			
ACCEPTED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
INTERVIEWER SIGNATURE:			

CREW DEPARTMENT'S REFERENCES/INFORMATION, ETC. FROM PREVIOUS EMPLOYERS	
COMPANY'S NAME:	REMARKS
COMPANY'S ADDRESS:	
COMPANY'S TEL:	
CONTACT PERSON:	

CREW DEPARTMENT'S REFERENCES/INFORMATION, ETC. FROM PREVIOUS EMPLOYERS	
COMPANY'S NAME:	REMARKS:
COMPANY'S ADDRESS:	
COMPANY'S TEL:	
CONTACT PERSON:	

CREW DEPARTMENT'S REFERENCES/INFORMATION, ETC. FROM PREVIOUS EMPLOYERS	
COMPANY'S NAME:	REMARKS:
COMPANY'S ADDRESS:	
COMPANY'S TEL:	
CONTACT PERSON:	

CREW DEPARTMENT INTERVIEW		AT HEAD OFFICE <input type="checkbox"/>	THROUGH VIDEOCONFERENCE <input type="checkbox"/>
DATE OF INTERVIEW:			
INTERVIEWED BY:			
ACCEPTED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
INTERVIEWER SIGNATURE:			

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OPERATION or TECHNICAL DEPARTMENT INTERVIEW		AT HEAD OFFICE <input type="checkbox"/>	THROUGH VIDEOCONFERENCE <input checked="" type="checkbox"/>
DATE OF INTERVIEW			
INTERVIEWED			
ACCEPTED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
INTERVIEWER SIGNATURE:			

MEDICAL EXAMINATIONS TO BE CONDUCTED PRIOR TO SEAFARER'S ENGAGEMENT
MEDICAL EXAMINATIONS AND D&A TEST COMPLETED SATISFACTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO