



# SOUTHERN NAVIGATORS MARITIME Co., Ltd

## Application for Employment

### 1. Personal Data

First Name		Middle Name (s)		Last Name / Surname			
Citizenship:		Religion:		Date of Birth: (DD/MM/YYYY)		Place / City of Birth	
NRC NO.				Distinguishing Mark:			
Marital Status:			Gender :			Vessel Type Applied For:	
Rank applied for:			Willing to accept lower rank?			Available From (date): (DD/MM/YYYY)	
Primary / Permanent Address (Street):				Alternative / Temporary Address (Street):			
City:		Post Code:		City:		Post Code:	
Country:		Nearest Airport :		Country:		Nearest Airport:	
Mobile Ph:		Home Ph.:		Phone:		Mobile Ph:	
Skype:		Email:					
Height :		Weight:		Hair Colour :		Eyes Colour :	
Boiler suit Size :		Sweater Size :		Shirt Size :		Trousers Size : Shoes Size:	

### 2. Next of Kin & Family Details

Full Name of Nominee for compensation in case of fatality:		Relationship <sup>2</sup>		Gender :		Citizenship:	
Address(Street):							
City:		Post Code:		Country:		Tel: Mobile :	
Number of dependent Children ( up to 21 ) :							

<sup>2</sup> Select From: •Spouse •Partner •Child •Parent •Grand Parent •Other Relative (Please Specify)

### 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)					
Passport					
US Visa C1/D					
Yellow fever vaccination					
Other					

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



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## 4. Maritime Educational Institution ( MEI )

Name of MEI	Diploma Number	Grade	Year of Graduation

## 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: <sup>s</sup>	Country of Issue	Number	Date of Issue (DD/MM/YYYY)	Date of Expiry (DD/MM/YYYY)	Place of Issue	Issuing Authority / Body

### (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							

<sup>s</sup> 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						

### (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						
Elementary First Aid						
Fire Fighting & Fire Prevention						
Personal Safety & Social Resp.						

### (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						
Fast Rescue Boats						
Advanced Fire Fighting						
Medical First Aid						
Medical Care						

### (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 )						



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**(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 & Hull Integrity						
Pax Safety						
Familiarisation Training						
Safety Training						

**(H) Other mandatory/recommended Certificates / Courses – (as applicable)**

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
ARPA & Radar (Reg II/1 + Solas)						
Bridge Team / Resource Mgmt						
Shiphandling Simulator						
ECDIS						
Shipboard Security Officer						
Primo cargo pumps						
Engine Room Simulator						
Liquid Cargo Simulator						
Hazmat (US – 49CFR)						
Engine Room Resource						
High Voltage						
Ship Security Office						
Designated Security Duties						
Advance Tanker Fire Fighting						
Food And Hygiene Certificate						
Work Aloft						

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

Company	Ship's Name	Flag	Type (6)	GT	Main Engine (7)	BHP	Rank	Date From (DD/MM/YYYY)	Date To (DD/MM/YYYY)



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(6) Use *only* the following abbreviations for vessel 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 Vessel	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 Oil Rig	PRR	RoRo-Pax	TNP	Tanker(Products)
CH2	Chem Carrier IMO II	LTV	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
FPO	FloatingStorageOffldg	LPG	LPG Carrier	OTH	Other	TUG	Tug		

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

<b>Years in Rank</b>	<b>Years on Tankers</b>	<b>Years on this type of Vessel</b>

<b>Chief Engineers:</b>	<b>Do you have Class Approval from Last Company?</b>	<b>Which Class society:</b>

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


## 8. Multinational Crew Experience


## 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



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**(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: \_\_\_\_\_ Date: \_\_\_\_\_ Signature:.....

**For Office Use only:**