

	<b>Recruitment Management Manual (RMM)</b>	Issue Date	20.09.2019
		Revision Date	20.09.2019
	<b>SEAFARER EMPLOYMENT APPLICATION</b>	Revision	1.0
		Pages	4

APPLICATION FOR POSITION AS		PHOTO
REGISTER NO. :		
REGISTER DATE :		

### 1. PERSONAL DETAILS

FULL NAME			
DATE OF BIRTH		PLACE OF BIRTH	
NATIONALITY		MARITAL STATUS	

### 2. ADDRESS

NO & STREET		MOBILE	
CITY		E-MAIL	
TEL. NO.			

### 3. TRAVEL DOCUMENTS

	DOCUMENT NO.	ISS.DATE	EXP. DATE	ISS. BY (AUTHORITY)	PLACE OF ISSUE
PASSPORT					
SEAMAN BOOK					
OTHER SEAMAN BOOK					

### 4. PROFESSIONAL QUALIFICATION / CERTIFICATE OF COMPETENCY

CERTIFICATE NAME	NUMBER	ISSUE DATE	EXPIRY DATE	ISSUED BY	ISSUED AT
COC					
GOC					

### 5. NEXT OF KIN

FULL NAME		RELATIONSHIP	
ADDRESS			
TEL. NO.		MOBILE	

### 6. VISA

	DOCUMENT NO.	ISSUE DATE	EXPIRY DATE	PLACE OF ISSUE
USA VISA				

### 7. HEALTH CERTIFICATES & VACCINATIONS

	NUMBER	ISSUE DATE	EXPIRY DATE	ISSUED BY	ISSUED AT
INTERNATIONAL					
YELLOW FEVER					
CHOLERA					





*Medical History*

Have you ever signed off from a ship due to medical reasons?

**(If yes give details)** \*yes/no

Name of Vessel	Date of occurrence (dd-mmm-yyyy)	

**Brief Description Of illness/Injury/Accident**

**Details**

Have you ever suffered from any ailment or disease in the past that is likely to render you unfit for sea service or likely to endanger the health /well being of others onboard?

**(If Yes give details)** \*Yes/No

**Details**

Do you have any bodily defects or deficiencies?

**(If Yes give details)** \*Yes/No

**Details**

Are you currently suffering from any ailment or disease that is likely to render you unfit for sea service or likely to endanger the healthy /well being of others onboard?

**(If Yes give details)** \*Yes/No

**Details**

Are you addicted to alcohol or drug of any kind?

**(If Yes give details)** \*Yes/No

**Details**

Are you suffering from an ailment that requires you to be on a long -term treatment/medication?

**(If Yes give details)** \*Yes/No

**Details**

Have you ever deported or banned from entering any country?

**(If Yes give details)** \*Yes/No

**Details**

Have you ever been convicted of a criminal or drug offence or have any pending offences?

**(If Yes give details)** \*Yes/No

**Details**

Do you have any obligations towards your current/previous employers?

**(If Yes give details)** \*Yes/No

I hereby affirm that all the information provided by me in this application is true and correct to the best of my knowledge and belief; further, that no certificate of competency or License issued to me has ever been Revoked or Suspended. I also certify that my medical history contained above is true and any false statement or undisclosed Material information about past illness or injury will disqualify me from any employment benefits and claims.

..... Name .....

dd-mmm-yyyy (Format) Signature .....

4 of 4