

### SEAFARER EMPLOYMENT APPLICATION FORM

Recent Passport

Photograph

**POST APPLIED FOR :**

(Please read form carefully before attempting to fill in, where not applicable state “N.A.”. Copies of certificates/testimonials etc. should be attached to the form.)

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| **Agency Name :** |  |

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| **A) Type of vessel applying for : (Please Tick)** |
| Tanker (>20000 DWT) GP Tanker (< 20000 DWT) Bunker Tanker  |

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| **(I) PERSONAL PARTICULARS** |
| Last/Surname Name  | Given Names (as in passport) |
| Present Address: | Email:Skype ID: | Shoe Size: | Overall Size: |
| Phone No:(Country Code)+(Area Code)+(Tel No) | Mobile No:(Country Code)+(Area Code)+(Mobile No) |
| Date of Birth | Nationality | Place and Country of Birth |
| **For Singapore Citizens Only**Identity Card No: Date of Issue :  | **For Singapore PR Only**Identity Card No: Year attained PR and Entry Permit No:Expiry date of Re-Entry Permit : | **For Other Applicant**Passport No:Country & Place of Issue :Date of Expiry :  |
| Marital Status (Please tick where appropriate)[ ] Single [ ] Married [ ] Widowed [ ] Divorced  | Sex[ ] Male [ ] Female  |
| Race | Ethnic Group | Religion |
| **( II ) FAMILY BACKGROUND** |
| Next of Kin  | Relationship (Husband/Wife if married;if single Father/Mother/Guardian) |
| Address of Next of Kin: |
| Telephone No : | Mobile Phone No : | Email :  |
| Children’s Name (if applicable) | Sex | Age | Occupation |
| 1) |  |  |  |
| 2) |  |  |  |
| 3) |  |  |  |
| 4) |  |  |  |
|  |  |  |  |
| **(III) HIGHEST ACADEMIC QUALIFICATION** |
| From | To | Institutions/Universities attended | Qualifications |
|  |  |  |  |
|  |  |  |  |
| **(IV) DOCUMENTS AND CERTIFICATES** |
| Personal Document  | Document No. | Issue Date | Expiry Date | Issued by |
| International Passport with 2 blank page |  |  |  |  |
| Seaman Passport (If Any) |  |  |  |  |
| Discharge book (CDC)  |  |  |  |  |
| **STCW Certificate**  |  |  |  |  |
| Certificate Of Competency (COC)Indicate Type and Grade : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| A IV/2 General Operators Certificate (GOC) : (Deck Officers only) |  |  |  |  |
| Certificate Of Proficiciency (COP)for RatingsIndicate STCW Regulation for function : A II/4 , A II/5 , A III/4 , A III/5 , A III/7 (*To Circle* ) |  |  |  |  |
| A V/1-1 Oil Tanker Familiarization  |  |  |  |  |
| A V/1-1 Chemical Tanker Familiarization |  |  |  |  |
| A V/1-2 Advance Oil Tanker  |  |  |  |  |
| A V/I-2 Advance Chemical Tanker  |  |  |  |  |
| A VI/1 Basic Safety Training |  |  |  |  |
| A VI/2 Proficiency in Survival Craft and Rescue Boat Other Than Fast Rescue Boat |  |  |  |  |
| A VI/3 Advance Fire Fighting |  |  |  |  |
| A VI/4-1 Medical First Aid |  |  |  |  |
| A VI/4-2 Medical Care |  |  |  |  |
| A VI/5 Ship Security Officer |  |  |  |  |
| A VI/6 Security Awareness Training  |  |  |  |  |
| A VI/6 Seafarers with Designated Security Duties |  |  |  |  |
| Ship Handling Certificate (For Master) |  |  |  |  |
| ECDIS Operational Certificate (IMO 1.27/40 hours) |  |  |  |  |
| ECDIS Type Specific Training CertificateType and Model : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Bridge Team Management (Deck Officer) |  |  |  |  |
| Engine Team Management (Engineer Officer) |  |  |  |  |
| MLC/ILO Cook Training Certificate (Cook only) |  |  |  |  |
| **MEDICAL AND VACCINATION** |  |  |  |  |
| Medical Examination (MLC ) |  |  |  |  |
| Yellow Fever  |  |  |  |  |
| Cholera Vaccination |  |  |  |  |

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| **(V) DETAILS OF SPECIAL TRADE** \* delete whichever is not applicable  |
| **Experience on Inert Gas Tanker:** YES / NO \* | **Experience on Chemical Tanker:** YES / NO\* |
| **Experience with USCG (TVEL):** YES / NO\* | **Experience on STS:** YES / NO\* |
| **PSC Experienced: Vetting Inspection Experienced:**  |
| **Trading Area:**  |
| **Types of Cargo experience With:** |
| **Experience with Nationalities :** |
| **Total Sea Service time on Oil Tanker : mths** |
| **Total Sea Service time on Chemical Tanker : mths** |
| **Total Sea Service time on All Tanker : mths** |
| **Total Sea Service time Present Rank : mths****Total Sea Service time On Present Rank: mths** |
| **Total Sea Service time : mths** **mths** |
| **(VI) ADDITIONAL INFOMATIONS** |
| **Command of English** | **Poor** | **Satisfactory** | **Good** |
| **CES Test Result: %** | **Marlin Test result: %** |
| **Last Company Name:** | **Person In Charge:** | **Phone:** | **Email:** |
| **Reason for Leaving Last Company :** |
|  |
| **Last Salary: Readiness:** |
| **(VII) DETAILS OF SEA SERVICE**  |
| Company | Vessel | Vessel | GRT/ | Type of | BHP/ | Rank | Period | Total |
|  | Name | Type | DWT | Engine | KW |  | From | To | Months |
|  |  |  |  |  |  |  |  |  |  |
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| **(VIII) ADDITIONAL INFOMATION FOR SENIOR OFFICER (Last 5 Vessels)** |
| S/N | Vessel Name | Rank | SIRE Inspection (1) | Which Major | Type of Cargo Carry (2) | Type Of Cargo Pump |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 1) SIRE Inspection Experience: Please include approximate date. Oil Terminal Inspection shall not be consider as SIRE Inspection. 2) Type of Cargo: Please list cargo involved during tunure onboard.  |
| **(IX) MEDICAL HISTORY / BACKGROUND**  |
| \* delete whichever is not applicable  |  |
| Height : Weight: Chest Span : |  |
| a) | Do you have any history of family or personal illness such as Tuberculosis, High Blood Pressure, and Mental Illness etc? | Yes/No\* |
| b) | Have you ever been hospitalised, operated or currently undergoing some kind of medical treatment?  | Yes/No\* |
| c) | Do you have an emotional or physical handicap (disability)? | Yes/No\* |
| d) | Have you ever been charged in court for any offence?  | Yes/No\* |
| e) | Have you ever been prohibited from entering any country? | Yes/No\* |
| f) | Are you currently under sanction by any International Authority/Instruments? Eg Sanction under United Nation Security Council list ? | Yes/No\* |
| g) | Have you ever served on or applied to Ocean Tankers (Pte) Ltd or affiliated concerns of Ocean Tankers (Pte) Ltd? | Yes/No\* |
| h) | Have you been involved in a maritime incident before? | Yes/No\* |
| If any of the answer is “Yes”, please furnish details below |  |
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**(X) DECLARATION BY APPLICANT**

I certify that all statements given on this application are correct and true to my knowledge. I also understand that falsification or misrepresentation ( intentionally or unintentionally ) in this or any other personnel records can result in my immediate dismissal and forfeiture of all wages, allowances and benefits if I am employed by the Company. I do agree to submit myself to a thorough medical examination, which I must successfully pass as one of the conditions for being accepted for employment.

 Signature of Applicant / Date