# seaman’s application prior joining the vessel

and assessment profile

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| **Part A. APPLICATION FORM** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **PERSONAL DATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applied for the position of: | | | | | |  | | | | | | | | | | | | | | | | | | **PHOTO** | | | | | | |  | | | | | |
| Surname: | |  | | | | | | | | | | | Forename: | | | | | | | |  | | | | | | | | | |  | | | | | |
| Father’s name: | | |  | | | | | | | | | | Mother’s name: | | | | | | | |  | | | | | | | | | |  | | | | | |
| Date of birth: | | |  | | | | | | | | | | Place of birth: | | | | | | | |  | | | | | | | | | |  | | | | | |
| Marital status: | | | Single  Married | | | | | | | | | | Nationality: | | | | | | | |  | | | | | | | | | |  | | | | | |
| Home address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Tel.: |  | | | | | | | Tel.: | | |  | | | | | | | | | | | | e-mail: | | | | |  | | | | | | | | |
| Next of kin: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | |  | | | | | | | | | | | | | | | | | | Forename: | | | | | | | |  | | | | | | | |
| Home address : | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Tel: | | | |  | | |
| Dependants (number): | | | | |  | | | | | Sons: | | | |  | | | | | Daughters: | | | | | | | |  | | |  | | | | | | |
| Recommended by: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DOCUMENTS** | | | | | | | | | NUMBER | | | | | | | | | **ISSUING AUTHORITY** | | | | | | | | | | | | | | | **Date Issued** | | | **Expiry Date** |
| Passport | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | |  |
| Seaman’s book | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | |  |
| S T C W Endorsement/ COC | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | |  |
| Medical Fitness Certificate | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | |  |
| Yellow Fever Vaccination | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | |  |
| USA VISA | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | |  |
| Other required VISA | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | |  |
| For HELLENIC Citizens only: | | | | | | | | | ΑΜΚΑ: ΑΦΜ: ΔΟΥ: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **QUALIFICATIONS** *(ref. to SMSM Form No.363, as applicable)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CERTIFICATES** | | | | | | | | | | | | | | | **YES** | | **NO** | | | | | **ISSUING AUTHORITY** | | | | | | | | | | | **Date Issued** | | | **Expiry Date** |
| Certificate of competence / license | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | |  | | |  |
| 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* | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | |  | | |  |
| GMDSS radio operators *A-IV/2* | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | |  | | |  |
| Basic training  *A-VI/1-1 to 1-4* | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | |  | | |  |
| Tanker familiarisation course *A-V/1-1 to 1-7* | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | |  | | |  |
| Oil tanker training program *A-V/1-8 to 1-14* | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | |  | | |  |
| Proficiency in surv.craft & RB other than FRB *A-VI/2-1* | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | |  | | |  |
| Advanced fire fighting *A-VI/3-1* | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | |  | | |  |
| Medical care *A-VI/4-1,2* | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | |  | | |  |
| Ship Security Officer | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | |  | | |  |
| Safety Officer | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | |  | | |  |
| Bridge Resource/Team Management (BRM/BTM) | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | |  | | |  |
| Engine Resource Management (ERM) | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | |  | | |  |
| Risk Assessment | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | |  | | |  |
| Incident Investigation | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | |  | | |  |
| Ship handling | | | | | | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | |  | | |  |
| **OTHER CERTIFICATES** | | | | | | | | | | | | | | | **YES** | | **NO** | | | | | **ISSUING AUTHORITY** | | | | | | | | | | | **Issue Date** | | | **Expiry Date** |
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| **Training needs** *If NO list the certificates the applicant does not hold in the following section***:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | Training to be carried-out up to: | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | Training to be carried-out up to: | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | Training to be carried-out up to: | | | | | | | | | | |
| Native language: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| English: | | | | | Good  Basic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other languages: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PREVIOUS SEA SERVICE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SHIP’S NAME** | | | | **TYPE** | | | **ENGINE** | | | | | **DWT / BHP** | | | | **OWNER** | | | | | | | | | **RANK** | | | | | **SERVICE TIME** | | | | | **REASON OF SIGN-OFF** | |
|  | | | |  | | |  | | | | |  | | | |  | | | | | | | | |  | | | | | **DATE ON** | | **DATE OFF** | | |  | |
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| APPLICANT **(*NAME):*** |  | SIGNATURE |  | **DATE** |  |

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| **CREW MANAGER APPLICATION REVIEW** *(application’s validity to be reviewed prior each employment)* | | |
| NAME | DATE | SIGNATURE |
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| **Part B. INTERVIEW FORM** |  |
| *ONLY for the accepted applicants. Interview will be carried out by the Department Managers or their deputies.* | |

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| **SEAFARER’S NAME:** |  | **RANK:** |  | **INTERVIEW DATE:** |
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| **CREW MANAGER / MANNING AGENT** |
| Appearance. |
| Personality. |
| Contract period. |
| Nautical college / year graduated. (APPLICABLE FOR MASTER AND SENIOR OFFICERS) |
| Previous Companies employed. |
| Type of vessels. |
| Training courses above STCW requirements. |
| Knowledge of English language (interview is conducted in English language). |
| Personal Survival Techniques / Fire Prevention and Fire Fighting (APPLICABLE FOR RATINGS) |
| Elementary First Aid, Personal Safety and Social Relationships (APPLICABLE FOR RATINGS) |
| Salaries and other benefits. |
| Uniforms and Insignia. |
| Which are your views on health, safety, security, quality and environmental policy (expand)? |
| Which are your views on D&A policy? |
| Why did you have short contract duration with previous Company (where applicable)? |
| What does the term DPA mean and which are his responsibilities? |
| Which are your views on Safety Committee meetings and how frequently should they be conducted? |
| Have you experienced any accidents? What lessons have you learned? |
| How would you ensure teamwork onboard? |
| When would you be available? |
| Have you any definite plans for your career? |
| Have you previously worked in multinational workforce? |
| Have you experienced any difficulties on this? |
| Do you believe that you are obliged to make suggestion for improvement of the Company’s operations / performance? |
| Which particular aspects of work are you consider harder/more stressful? |
| Would you expect your wife / family to travel with you? |
| Have you experienced any medical operation / serious illness in the last 12 months? |
| Is scheduled to be carried out, any medical operation in the next 12 months? |

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| **CREW MANAGER**  *NAME/SIGNATURE* |  | **DATE** |  |

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| **REFERENCES/INFORMATION, ETC. FROM PREVIOUS EMPLOYERS** *(to be completed by Crew Manager/Manning agent)* |
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| **CREW MANAGER** *NAME/SIGNATURE* | |  | **ACCEPTED** | YES | NO |
| **COMMENTS** |  | | | | |
|  | | | **DATE** |  | |
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**OFFICERS ARE TO BE INTERVIEWED ON SPECIFIC TOPICS AS DESCRIBED IN HSQEMS FORM NO. 014 “BRIEFING FORM FOR OFFICERS” INTERVIEWERS TO SIGN BELOW AS APPLICABLE:**

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| **COMPANY DEPARTMENTS** | | | | | | | |
| **DPA** *NAME/SIGNATURE* | |  | | | **ACCEPTED** | YES | NO |
| **COMMENTS** |  | | | | | | |
|  | | | | | **DATE** |  | |
|  | | | | |  |  | |
| **TECHNICAL** *NAME/POSITION/SIGNATURE* | | |  | | **ACCEPTED** | YES | NO |
| **COMMENTS** |  | | | | | | |
|  | | | | | **DATE** |  | |
|  | | | | |  |  | |
| **OPERATIONS** *NAME/POSITION/SIGNATURE* | | | |  | **ACCEPTED** | YES | NO |
| **COMMENTS** |  | | | | | | |
|  | | | | | **DATE** |  | |
|  | | | | |  |  | |
| **MANAGING DIRECTOR (only for Senior Officers)** *SIGNATURE* | | | |  | **ACCEPTED** | YES | NO |
| **COMMENTS** |  | | | | | | |
|  | | | | | **DATE** |  | |
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***Note:*** *1) Any comments shall be recorded in the relevant fields 2) Final approval as per SMM QP05 para 5.3.2*

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| **CERTIFICATES’ AUTHENTICITY CHECK** *Completed by the Crew Manager, when recruitment is conducted directly by the Company.*  *Completed by the Manning Agent, when the recruitment is conducted by the Manning Agency and verified by the Crew Manager.* | | | | |
| Authenticity check conducted for certificates: | | | | |
| **CONDUCTED BY** *MANNING AGENT (Name/Position)* | | |  | |
| **DATE** |  | **RESULTS** | | Satisfactory Unsatisfactory |
| **VERIFIED BY** *CREW MANAGER* *(Name)* | | | | |
| **DATE** |  | **RESULTS** | | Satisfactory Unsatisfactory |
|  |  |  | |  |

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| **MEDICAL EXAMINATIONS** *TO BE CONDUCTED PRIOR TO SEAFARER’S ENGAGEMENT* |
| **MEDICAL EXAMINATIONS AND D&A TEST COMPLETED SATISFACTORY?** YES NO |