APPLICATION FOR SHIPBOARD EMPLOYMENT

Latest COLORED PHOTO

POSITION APPLIED : _____

DATE APPLIED : _____

DATE AVAILABLE : _____

I. PERSONAL INFORMATION

FAMILY NAME:	GIVEN NAME:	MIDDLE NAME:	HEIGHT:	WEIGHT:
ADDRESS:				TEL:
CONTACT ADDRESS:				TEL:
EMAIL ADDRESS:				MOBILE NO.
SSS NO.:	PHIL-HEALTH NO.:	PAG-IBIG NO.:		TIN:
DATE OF BIRTH:	PLACE OF BIRTH:	AGE:	SHOE SIZE:	COVER-ALL SIZE:
CIVIL STATUS:	RELIGION:	SIRB NO:	DATE ISSUED:	EXPIRY DATE:
(if married), SPOUSE NAME:		SID NO:	DATE ISSUED:	EXPIRY DATE:
ADDRESS:		PASSPORT NO:	DATE ISSUED:	EXPIRY DATE:
COLLEGE/SCHOOL LAST ATTENDED:		E-REGISTRATION NO:	E-MAIL ADDRESS:	DATE ISSUED:
COURSE:	YEARS ATTENDED:	MARINA COE:	REGULATION:	EXPIRY DATE:
OTHER SKILLS / TRAININGS:		MARINA/TESDA COC:	RANK:	DATE ISSUED:
MOTHER'S MAIDEN NAME:		U.S. VISA NO.:	DATE ISSUED:	EXPIRY DATE:
DEPENDENT / RELATION:		BENEFICIARY / RELATION:		

II. EMPLOYMENT HISTORY - START FROM PREVIOUS TO PRESENT (at least 5 Vsl). Please fill up service record period using this sample format: From: 01/Jan/02 To: 15/Aug/02

VESSEL	REGISTRY	RANK	ENGINE MAKE & TYPE / KW / BHP	TYPE OF VESSEL	GRT	PERIOD FROM (day / mo. / yr.)	PERIOD TO (day / mo. / yr.)	TRADING AREA	MANNING AGENCY	REASON FOR LEAVING	NUMBER OF MONTHS

REMARKS: _____

I certify that all of the above information given are true and correct and I agree that I will shoulder all my medical (P.E.M.E.) expenses if declared "UNFIT TO WORK".

CERTIFIED CORRECT:

_____

Signature over Printed Name

*Attach document checklist

III. TRAINING CERTIFICATES

TRAINING COURSE	TRAINING CENTER	INCLUSIVE DATES	REMARKS
+			

III-A STCW CERTIFICATE OF PROFICIENCY (COP)

TRANING CERTIFICATE	REGULATIONS	DATE ISSUED	DATE EXPIRE

IV. BACKGROUND CHECK (A & B to be filled up by applicants)

a) Name of Previous Company _____

b) Name of PIC from Previous Company _____

c) Evaluation from Previous Company _____

ABILITY ☐ **CONDUCT** ☐ **HEALTH** ☐

d) Any violation from the DMW Contract _____

e) Has been involved in any P&I Cases? YES ☐ **NO** ☐ **If YES, What is the Case?**

_____

f) Reason for leaving his last Company

FINISHED CONTRACT ☐ SICKNESS / INJURY ☐

VESSEL SOLD/CHANGE MGMT. ☐ COMPANY'S ORDER ☐

g) Other Remarks: _____

V. TEST SCORES (Optional) ☐ CBT (Optional) ☐

VI. EVALUATION

_____

_____

_____

_____

INTERVIEWER: _____

I DO HEREBY CERTIFY that the information and statements in this application are all true and correct of my own knowledge, and that I am fully aware that any false information or statement is a ground for disqualification and criminal prosecution for falsification.

_____ _____

Date **Signature**