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| **ODESSA MARINE SERVICE** (Company certified for compliance with ISO 9001:2015 & MLC 2006) 32 Osipova st., office 18., Odessa, Ukraine, 65048Tel. 8 (048) 702-10-07 / 702-10-08 / 8 (094) 941-22-23E-mail: info@omscrew.com apf@omscrew.comwww.omscrew.com **SEAFARER’S APPLICATION FORM**  |
| **Name in full** (First, Middle, Last): | **Rank:** | **PHOTO (please insert color / good quality photo )** |
| **Date & place of birth**: | **Nationality:** |
| **Marital****Status:** | Single | Married | Divorced | Widower | **Nearest Airport** (City / Country):  |
| **Permanent Address** ( full style):Tel: Mob:e-mail: Skype id:Social networks Vkontakte:  Telegram:  | **Next of kin** **(**surname, name, date of birth): Relationship: Address: Mob: e-mail: | **Close relatives (**surname, name, date of birth):Father:Mother:Wife or husband: |
| **Hair / eyes (**colou**r):** | **Height (**m**):** | **Weight (**kg**)/ BMI:** | **Safety shoes size:** | **Safety overall size:** |
| **Children (**surname, name, date of birth**):** |
| **Education (**name & city of educational institution, dates of entry / graduation and degree**):**  |
| **YELLOW FEVER VACCINATION CERTIFICATE** | **COVID-19 VACCINATION CERTIFICATE** |
| **Country /Place issued:** | **Number:** | **Date issued:** | **Country /Place issued:** | **Vaccine**  | **Date issued:** |
|  |  |  |  |  |  |
| **LICENCE INFORMATION (Certificate of Competency/Proficiency):** |
| **Country:** | **Grade of Licence:** | **Number:** | **Date issued:** | **Place issued:** | **Expiry Date:** |
| **National Licence** |  |  |  |  |  |
| **OTHER CERTIFICATES AND ENDORSEMENT INFORMATION:** |
| **Certificate/Endorsement** | **STCW Regulation No** | **Number /Type** | **Date issued:** | **Place issued:** | **Expiry Date:** |
| **GMDSS (** GOC / ROC) | A-IV/2 |  |  |  |  |
| **ARPA / Radar** | A-II/1, A-II/2 |  |  |  |  |
| **ECDIS** | B-I/12 |  |  |  |  |
| **Bridge / Engine Team** | A-II / A-III |  |  |  |  |
| **Ship Security Officer** | A-VI/6-5 |  |  |  |  |
| **ISPS** | A-VI/6-2 |  |  |  |  |
| **Basic Safety Training** | A-VI/1 |  |  |  |  |
| **First Aid // Medical care** | A-VI/4-1 // A-VI/4-2 |  |  |  |  |
| **Survival craft & rescue boats** | A-VI/2-1 |  |  |  |  |
| **Advanced Fire Fighting** | A-VI/3 |  |  |  |  |
| **SEAMAN’S BOOK, SEAFARER’S ID & PASSPORT INFORMATION:** |
| **Seafarer’s ID No:** | **Place & Date Issued:** | **Expiry Date:** | **Travel Passport No:** | **Place & Date Issued:** | **Expiry Date:** |
|  |  |  |  |  |  |
| **Other Flag** **Seaman’s Book No:** | **Place & Date Issued:** | **Expiry Date:** | **National Seaman’s Book No:** | **Place & Date Issued:** | **Expiry Date:** |
|  |  |  |  |  |  |
| **VISA INFORMATION:** |
|  | **Visa:** | **Type:** | **Valid Until:** | **Remarks:** |
| **USA visa** |  |  |  |  |
| **Schengen Visa** |  |  |  |  |
| **LANGUAGE INFORMATION:** |
|  | **Good** | **Satisfactory** | **Poor** | **Remarks ( Marlins Test (%) , etc.)**  |
| **English** |  |  |  |  |

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| ***ODESSA MARINE SERVICE*** |
| RECORDS OF PREVIOUS SEA SERVICE ( for previous 5 years) |
| Vessel’s Name / year of build  | Flag | IMO Number | DWT / Type and Model of M.E., kW | Vessel’sType / Deck Cranes  | Rank | From(date-month-year) | To(date-month-year) | Months | Company(Shipowner /Technical Manager/ Crewing Agency) |
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| REMARKS (Availability for service; Dry Dock experience; other languages; mix crew experience; other, etc.):  |
| **I hereby confirm that all the information provided by me in this form is true and correct.**Signature of Seafarer: | Date: |

**References:**

Company (Crewing or Shipowner) / Contact person (Superintendent, Manager, Captain, Chief Engineer or other person/ Telephone number):

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Источник, из которого Вы узнали о нашей Компании (интернет-сайты, реклама, другие моряки, и др.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Уважаемые Моряки, OMS не является работодателем; мы рассматриваем Вашу анкету как запрос на содействие по трудоустройству. Заполнение анкеты не является гарантией или обязательством по трудоустройству, а служит цели рассмотрения Вашей кандидатуры

*Dear Seafarers, OMS is not employer. We're considering Your application as request for assistance to employment. Filling of application is not guarantee of employment; it's needed for consideration You as a candidate****.***

С автоматической обработкой моих персональных данных, указанных в анкете, включая их передачу третьим лицам на территории Украины и за ее пределами, их хранением в целях трудоустройства. СОГЛАСЕН.

Подтверждаю, что мои персональные данные, указанные в анкете, являются общедоступными.

*I hereby give my consent to automatic processing of the information contained herein, including its transfer to third parties in the territory of the Russian Federation and abroad, as well as its storage for the purposes of employment assistance. I agree to above mentionet.*

*I hereby confirm that my personal details contained herein are for public use.*

Signature of Seafarer (подпись Mоряка): Date (дата): Page 2 of 2