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### MOWSCL SEAFARER EMPLOYMENT APPLICATION FORM Doc.No.PM 8.5/15

Revision No. 00/20

Recent Passport

Photograph

**L**

**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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| **(I) PERSONAL PARTICULARS** | | | | | | | | | | | | | | |
| Full Name (as in passport) : | | | | |  | | | | | | | | | |
| Home Address: | | | | | | | | | | Home Telephone No: | | | | Email: |
| **Date of Birth** | | **Place/Country of Birth** | | **Nationality** | | | | **Religion** | | | | **Marital Status** | | |
| **( II ) FAMILY BACKGROUND** | | | | | | | | | | | | | | |
| Next of Kin (Husband/Wife if married; Father/Mother/Guardian if single) | | | | | | | | | | Relationship | | | | |
| Address of Next of Kin | | | | | | | | | | Telephone No. | | | | |
| Children’s Name (if applicable) | | | | | Sex | | Age | | | Occupation | | | | |
| 1) | | | | |  | |  | | |  | | | | |
| 2) | | | | |  | |  | | |  | | | | |
| 3) | | | | |  | |  | | |  | | | | |
| **(III) ACADEMIC QUALIFICATIONS (if any)** | | | | | | | | | | | | | | |
| From | To | | Institutions/Universities attended | | | | | | Qualifications | | | | | |
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| **(IV) DOCUMENTS** | | | | | | | | | | | | | | |
| Document type | | | | | | Document No. | | Issue Date | | | Expiry Date | | Remarks | |
| 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 Ratings  Indicate 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 Certificate  Type and Model : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | |  | | |  | |  | |
| Bridge Team Management (Deck Officer) | | | | | |  | |  | | |  | |  | |
| Engine Team Management (Engineer Officer) | | | | | |  | |  | | |  | |  | |
| MLC/ILO Cook Training Certificate (Cook only) | | | | | |  | |  | | |  | |  | |

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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: %** | | | | | | | | | | |
| **LastCompany Name:** | | | | | | **Person In Charge:** | | | | | | | **Phone:** | | | | | **Email:** | | | | | |
| **Reason for Leaving Last Company :** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Last Salary: Readiness:** | | | | | | | | | | | | | | | | | | | | | | | |
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| **(VII) DETAILS OF SEA SERVICE** | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | **Vessel** | | | | | **Vessel** | **GRT** | | | **Type of** | | | **BHP/** | **Rank** | | | **Period** | | | Service | |
|  | | | **Name** | | | | | **Type** |  | | | **Engine** | | | **KW** |  | | | **From** | | **To** | M | D |
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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: BMI: | | | | | | | | | | | | | | | | | | | |  | | | |
| 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?EgSanction under United Nation Security Councillist ? | | | | | | | | | | | | | | | | | | | Yes/No\* | | | |
| g) | Have you ever served on or applied to V-Ship / Ocean Tankers (Pte) Ltd or affiliated concerns of V-Ship / 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.

* *I have no objection for my previous company reference check in regards of my previous performance*

*& medical fitness at any time.*

Signature of Applicant / Date