­

### 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.)

|  |
| --- |
| **(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 |
|  |  |  |  |
|  |  |  |  |
| **(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 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) |  |  |  |  |

|  |
| --- |
| **(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 :**  |
|  |
| **Last Salary: Readiness:**  |
|  |
| **(VII) DETAILS OF SEA SERVICE**  |
| Company | **Vessel** | **Vessel** | **GRT** | **Type of** | **BHP/** | **Rank** | **Period** | Service |
|  | **Name** | **Type** |  | **Engine** | **KW** |  | **From** | **To** | M | D |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **(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 |  |
|  |  |

**(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