MIDEAST SHIPMANAGEMENT

PHOTOGRAPH

APPLICATION FORM

PERSONAL DESCRIPTION AND INFORMATION

1. Family Name: _____ Name: _____ Father's Name: _____
2. Date of Birth: _____ Place (City & Country): _____ Nationality: _____
3. Passport No.: _____ Issue Date: _____ Expiry Date: _____
4. Permanent Address: _____

   _____
5. Phone (Home): _____ Phone (Business): _____
6. Civil Status: Single - Married - Separated - Divorced - Widowed Number of Children: _____
7. Next of Kin: _____ Relation: _____
8. Address of Next of Kin: _____ Phone: _____
9. Nearest Airport _____
10. **Position Applied for**: _____

	Number	Issue Date	Expiry Date	Country
License				
Liberian License				
Bahamas License				
Panama License				
National Seaman's Book				
Other Seaman's Book				
Fire Fighting				
C.O.W.				
Radar Observer/Arpa				
G M D S S				
Others				

SCHOOLS ATTENDED

Name of School	Town/Country	From m/y	To m/y	Type of Degree of Diploma Received

REMARKS (for office use only): _____

_____

_____

_____

LANGUAGES (**F** for fluent - **M** for moderate)

	spoken	written	read		spoken	written	read
English	_____	_____	_____	German	_____	_____	_____
Spanish	_____	_____	_____	French	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

PHYSICAL DECLARATION

Height: _____ cm Weight: _____ kg Colour of Hair: _____

Date of last medical examination: _____ Colour of Eyes: _____

Vision	Excellent	Good	Poor
Without glasses			
With glasses			

Hearing	Normal	Poor	Nil
Right Ear			
Left Ear			

- Did you suffer, or do you presently suffer, from any diseases likely to render you unfit for services at sea or likely to endanger the health of other persons on board: [ ] Yes [ ] No

- Did you suffer any accident which rendered you temporary and/or partially disabled: [ ] Yes [ ] No

If yes, please give details: _____

_____

_____

Did you ever undergo psychiatric treatment: [ ] Yes [ ] No
Are you addicted to alcohol or drugs of any kind: [ ] Yes [ ] No

PREVIOUS SEA SERVICES

Name of Vessel	Flag	Type Vsl	DWT	Type Eng	HP	Owners or Managers	Rank	From d / m / y	To d / m / y	Total y / m

SUMMARY OF KNOWLEDGE AND EXPERIENCE ACQUIRED

(Resume your career and describe your experience at sea, type of ships, engine, voyages)

REFERENCES Name of Company	Address	CHECKED Yes	No
Name of Person Title	Phone Number		

Available from: _____

Date: _____ Signature: _____

BANK ADDRESS FOR ALLOTMENTS

Beneficiary: _____ Account Number: _____

Name of Bank: _____

Bank Address: _____

INITIAL INTERVIEW (for office use) ***tick as applicable***

Original licenses sighted [ ] checked [ ]

STWC and Training Certificate sighted [ ]

Experience confirmed by interview yes [ ] no [ ]

Other details confirmed by interview yes [ ] no [ ]

Interviewer's assessment _____

_____

Result of interview

Accept [ ] Await Position [ ] Re-Interview [ ] Reject [ ]

Interviewer _____ Signed _____ Date _____