



<< D-SEAGLORY MANNING LTD. >>

Head Office: 2nd Floor, Office 6, Makedonia Street No 82-84, 9000 Varna, Bulgaria; Phone: +359/888 473 644

E-Mail: office@d-seaglorymanning.com

CREW APPLICATION FORM

PERSONAL DETAILS

Position Applied for:						Affix Photograph
Surname:			Personal ID no.			
First Name:			Date of Birth:			
Middle Name:			Place of Birth:			
Height (cm):		Weight (kg):		Shoe size:		
				Built:		
Marital Status:						
Address:					Mobile Phone:	
City / Country:			Postal Code:		Home Phone:	
					E-Mail:	
Next of Kin:					Mobile Phone:	
Relationship:			Date of Birth:		Home Phone:	
Address:					E-Mail:	
City / Country:			Postal Code:			
Child 1:					Date of Birth:	
Child 2:					Date of Birth:	
Child 3:					Date of Birth:	

NATIONAL DOCUMENTS

International Passport:		Issued on:		Valid until:	
Seaman's Passport:		Issued on:		Valid until:	
Seaman's Discharge Book		Issued on:		Valid until:	
USA Visa C1/D		Issued on:		Valid until:	

CERTIFICATE OF COMPETENCY (STCW as amended)

Rank:		Number:		Issued on:		Valid until:	
-------	--	---------	--	------------	--	--------------	--

BASIC SAFETY TRAINING CERTIFICATES (A-VI/1) & CERTIFICATES OF PROFICIENCY (A-VI/2)

Basic Training (4 in 1)	Number:		Issued on:		Valid until:	
Proficiency in Survival Craft	Number:		Issued on:		Valid until:	
Proficiency in Fast Rescue Boats	Number:		Issued on:		Valid until:	
Advanced Fire Fighting	Number:		Issued on:		Valid until:	
Medical First Aid Provider	Number:		Issued on:		Valid until:	
Medical Care	Number:		Issued on:		Valid until:	

ADDITIONAL CERTIFICATES

Safety Officer	Number:		Issued on:		Valid until:	
Ship Security Officer	Number:		Issued on:		Valid until:	
Ship Security Awareness	Number:		Issued on:		Valid until:	
Seafarers with Designated Security Duties	Number:		Issued on:		Valid until:	
HAZMAT	Number:		Issued on:		Valid until:	
ECDIS Generic	Number:		Issued on:		Valid until:	
ECDIS Specific	Number:		Issued on:		Valid until:	
Bridge Team & Resource Management	Number:		Issued on:		Valid until:	
Marine Environmental Awareness	Number:		Issued on:		Valid until:	
Engine Resource Management	Number:		Issued on:		Valid until:	
Ballast Water Management	Number:		Issued on:		Valid until:	
MOMAMACS	Number:		Issued on:		Valid until:	
Power Systems in Excess of 1000 V	Number:		Issued on:		Valid until:	
OTHER	Number:		Issued on:		Valid until:	
OTHER	Number:		Issued on:		Valid until:	

SPECIAL TRAINING CERTIFICATES for TANKER VESSELS							
General Tanker Familiarization (3 in 1)	Number:		Issued on:		Valid until:		
Advanced Oil Tanker	Number:		Issued on:		Valid until:		
Advanced Chemical Tanker	Number:		Issued on:		Valid until:		
Advanced Gas Tanker	Number:		Issued on:		Valid until:		
Inert Gas System	Number:		Issued on:		Valid until:		
Crude Oil Washing	Number:		Issued on:		Valid until:		

FLAG STATE DOCUMENTS							
Flag:	Type:	Rank:	FIN:				
			Number:		Issued on:		Valid until:
			Number:		Issued on:		Valid until:
			Number:		Issued on:		Valid until:
			Number:		Issued on:		Valid until:
			Number:		Issued on:		Valid until:

LEVEL of ENGLISH LANGUAGE			
Written:	GOOD	Spoken:	GOOD
Marlins Test:			

COMPUTER LITERACY			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If YES, please give details of software used:			

MEDICAL and VACCINATIONS			
Medical Certificate	Number:	Issued on:	Valid until:
Yellow Fever	Number:	Issued on:	Valid until:
Drug & Alcohol Test	Number:	Issued on:	Valid until:
	Number:	Issued on:	Valid until:

PREVIOUS SEA SERVICE(from latest to previous)							
VESSEL'S NAME	RANK	PERIOD		VESSEL'S DETAILS:			Employer
		From	To	Type	GT/DWT	Engine Type/KW	

REFERENCES: (state last 3 ship management companies with tel no.)

I herewith certify that the above information is true and accurate to the best of my ability and that no certificate of competence or licence issued to me has ever been revoked or suspended. I understand that previuos employers may be asked for information concerning my employment record with them and I hereby release from all liability or damage those individuals or companies who provide such information.

Crew Signature: _____ Date: _____

Crewing Agent Signature: _____

☐ By clicking the button I confirm my legal age, legal capacity, and consent to the processing of my personal data in accordance with GDPR.