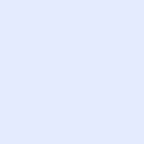
**Application for Offshore Employment**

|  |  |
| --- | --- |
| **POSITION APPLIED FOR:** | \_ |

*(This form is to be filled by the applicant in BLOCK LETTERS. Attach all attested photocopies of all certificates of competency and proficiency and all other documents that support this application.)*

THIS FORM HAS BEEN DESIGNED TO PROVIDE US WITH THE BASIC INFORMATION REQUIRED FOR FACILITATING THE PROCESSING OF YOUR APPLICATION FOR YOUR EMPLOYMENT WITH US. IT ALSO SERVES AS PERSONAL RECORD SHOULD YOU BE EMPLOYED. IT IS THEREFORE ESSENTIAL FOR YOU AND HELPFUL FOR THE APPRAISAL THAT THE FORM IS COMPLETED NEATLY AND FACTUALLY. ALL PARTS ARE TO BE COMPLETED. DELETE ITEMS WHICH ARE NOT APPLICABLE TO YOU.



**PERSONAL PARTICULARS**

|  |  |  |
| --- | --- | --- |
| Name as per NRIC/Passport |  | |
| NRIC (for Malaysian only) |  | |
| Nationality |  | |
| Date of Birth |  | |
| Place of Birth |  | |
| Marital Status |  | |
| Religion |  | |
| Home Address |  | |
|  |  | |
| Contact Number | Main: | Alternative: |
| Email Address |  | |
| Nearest Airport |  | |
| PPE Size | Coverall: | Safety Boots: |
| Bank / Account No. |  | |
| EPF No. |  | |
| Socso No. |  | |

*Insert Picture*

**NEXT OF KIN’S PARTICULAR (IMPORTANT)**

|  |  |  |
| --- | --- | --- |
| Name as per NRIC/Passport |  | |
| Relationship |  | |
| Date of Birth |  | |
| Home Address |  | |
|  |  | |
| Contact Number | Main: | Alternative: |
| Email Address |  | |

**IDENTIFICATION AND TRAVEL DOCUMENT DETAILS**

|  |  |
| --- | --- |
| Passport No. |  |
| Date of Issue |  |
| Date of Expiration |  |
| Issuing Country |  |

**SEA GOING DOCUMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Seaman Card No. |  | | Seaman’s Book No. |  | |
| Date of Issue |  | | Date of Issue |  | |
| Date of Expiration |  | | Date of Expiration |  | |
| Issuing Authority |  | | Issuing Authority |  | |
|  | | | | | |
| C.O.C/Watch keeping Cert/ Cert of Qualification as Chef/Cook/Steward |  | | | | |
| Date of Issue |  | | | | |
| Date of Expiration |  | | | | |
| Issuing Authority |  | | | | |
|  | | | | | |
| Place Medical Examination |  | | | | |
| Date of Issue |  | | | | |
| Date of Expiration |  | | | | |
| Vaccination | Yellow Fewer: | Cholera: | | | Others: |

**EDUCATION BACKGROUND**

|  |  |  |
| --- | --- | --- |
| College/School Attended | Period | Qualification Obtained |
|  |  |  |
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**TRAINING AND OTHER CERTIFICATES**

|  |  |  |
| --- | --- | --- |
| Certificates | Date of Issue | Place/College of Issue |
| Basic Safety Training (BST) / BOSET |  |  |
| Personal Survival Techniques |  |  |
| Basic Fire Fighting |  |  |
| Elementary First Aid |  |  |
| Personal Safety and Social Responsibility |  |  |
| Proficiency in Survival Craft and Rescue Boat |  |  |
| Fast Rescue Boat |  |  |
| Advance Fire Fighting |  |  |
| Medical First Aid |  |  |
| Medical Care |  |  |
| ARPA operation Cert |  |  |
| Radar Simulator |  |  |
| Radar Observer |  |  |
| General Operator Certificate (GMDSS Operator) |  |  |
| Electronic Navigation Aid |  |  |
| Tanker Familiarization |  |  |
| Ship Security Officer Certificate |  |  |
| Shipboard Management Certificate |  |  |
| Bridge Team Management |  |  |
| Dynamic Positioning Induction Course |  |  |
| Dynamic Positioning Simulator Course |  |  |
| Dynamic Positioning Operators Certificate |  |  |
| Other Certification |  |  |

**\*\*\*\**PLEASE ATTACH A COPY OF ALL THE DOCUMENTS AND CERTIFICATES\*\*\*\*\****

**TOTAL DP HOUR AND DP EXPERIENCE**

|  |  |  |
| --- | --- | --- |
| System Details | Total Hours obtained (hrs) | Type of Operation |
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**SEA GOING EXPERIENCE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vessel Name | Company | Type of Vessel | DWT or GRT | Type of Engines  Or DP System | BHP | Rank | Sign on Date | Sign off Date |
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**REFEREES (Two referees who are not member of immediate family)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position | Company | Contact Number |
|  |  |  |  |
|  |  |  |  |
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**MEDICAL HISTORY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (It is of utmost importance that all illness other than minor afflictions should be stated. The Company is entitled to refuse any claim for treatment, cost or any other insured benefits if a complete statement of all previous illness has not been given) | | | | | | | | |
| **(A) Have you ever signed off a ship due to medical reasons? Yes**  **No**  (If yes, please provide following details:) | | | | | | | | |
| **Name of Vessel** |  | **Date of Occurrence** | |  | | **Place of Occurrence** | |  |
| **Brief Description of illness / injury / accident:** | | | | | | | | |
| **(B) Have you undergone any medical operation in the past? Yes  No** | | | | | | | | |
| **Details of Operation** | | | **Date** | | **Period of Disability** | | **Present Condition** | |
|  | | |  | |  | |  | |
|  | | |  | |  | |  | |
|  | | |  | |  | |  | |
| **(C) For what illness or accidents have you consulted a doctor during the last 12 months?** | | | | | | | | |
| **Details of illness** | | | **Date** | | **Therapy / Treatment** | | | |
|  | | |  | |  | | | |
|  | | |  | |  | | | |
|  | | |  | |  | | | |
| **(D) Please give details of any health or disability problem.** | | | | | | | | |
| **Details of illness** | | | **Date of occurrence** | | | | | |
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| 1. **ADDITIONAL INFORMATION** | | | | | | |
| **i)** | Have you ever been denied a foreign visa? If yes, please state country and reason (if known): | | | | **Yes** | **No** |
| **ii)** | Willing to accept lower rank? | | | | **Yes** | **No** |
| **iii)** | Ability writing in English? | | | | **Yes** | **No** |
| **iv)** | Ability speaking and understanding in English? | | | | **Yes** | **No** |
| **v)** | Have you been the subject of a court enquiry or involved in a maritime accident? If yes, please attach details. | | | | **Yes** | **No** |
| **vi)** | Have you ever work for Company or Vessel which are having ISM / ISO Certifications? If yes, please indicate details below. | | | | **Yes** | **No** |
| **Company** | | **Vessel** | **Position** | **Date Sign On** | **Date Sign Off** | |
|  | |  |  |  |  | |
|  | |  |  |  |  | |
|  | |  |  |  |  | |

Are you bound by any contract or agreement to serve any statutory body or organization?

Yes  / No

**Declaration**

I here by certify that the information contained in this application is to the best of my knowledge correct, and that I have withheld nothing what so ever that would affect this application. 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 also agree to undergo strict medical examination and drug & alcohol test as a pre-requisite before appointment and I confirm my willingness to provide the consulting physician with full details of my accurate medical history.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Applicant: |  | Date: |  |

|  |  |
| --- | --- |
| Name: |  |

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| --- |
| ***Reserved For Official Use Only*** |

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**Selected / Not Selected For Employment**

|  |  |
| --- | --- |
| Vessel: |  |
| Rank: |  |
| Salary: |  |
| Date of Engagement: |  |
| Name of Appraiser: |  |
| Signature of Appraiser: |  |

APPROVED

REJECTED

KIV