

Date of application: Click here to enter a date. *Please upload picture here*

Name of manning agent:

General:

|  |  |  |  |
| --- | --- | --- | --- |
| Last name: |       | First name: |       |
| Date of birth: |       | Place of birth: |       |
| Address: |       | City: |       |
| Country: |       | Nationality: |       |
| Telephone: |       | Mobile: |       |
| E-mail: |       | Skype ID: |       |
| Position applying for: |       |
| Available from: | Click here to enter a date. |

Sea history:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vessel name | Vessel type | Flag | Rank | DWT | Maker, model, BHP/KW | From (dd/mm/yyyy) | Until(dd/mm/yyyy) | Y/M/D | Company |
|       | Choose an item. |       | Choose an item. |       |       |       |       |       |       |
|       | Choose an item. |       | Choose an item. |       |       |       |       |       |       |
|       | Choose an item. |       | Choose an item. |       |       |       |       |       |       |
|       | Choose an item. |       | Choose an item. |       |       |       |       |       |       |
|       | Choose an item. |       | Choose an item. |       |       |       |       |       |       |
|       | Choose an item. |       | Choose an item. |       |       |       |       |       |       |
|       | Choose an item. |       | Choose an item. |       |       |       |       |       |       |
|       | Choose an item. |       | Choose an item. |       |       |       |       |       |       |
|       | Choose an item. |       | Choose an item. |       |       |       |       |       |       |
|       | Choose an item. |       | Choose an item. |       |       |       |       |       |       |
|       | Choose an item. |       | Choose an item. |       |       |       |       |       |       |
|       | Choose an item. |       | Choose an item. |       |       |       |       |       |       |
|       | Choose an item. |       | Choose an item. |       |       |       |       |       |       |
|       | Choose an item. |       | Choose an item. |       |       |       |       |       |       |
|       | Choose an item. |       | Choose an item. |       |       |       |       |       |       |

Documents:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Document name: | Country: | Number: |  Place of issue: | Date of issue: | Expiry date: |
| Passport: |       |       |       |       |       |
| Seamans book: |       |       |       |       |       |
| Others: |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

National license / endorsement:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Country: | Number: | Place of issue: | Date of issue: | Expiry date: |
|       |       |       |       |       |
| Highest rank on endorsement: |       |
| Valid for chemical tankers: | Choose an item. |
| Valid for oil tankers: | Choose an item. |

Other Flag State licenses:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Country: | Number: | Place of issue: | Date of issue: | Expiry date: |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

Medical examination:

|  |  |  |
| --- | --- | --- |
| Country: | Date of issue: | Expiry date: |
|       |       |       |

Vaccination Yellow Fever:

|  |  |
| --- | --- |
| Date of issue: | Expiry date: |
|       |       |

Vaccination COVID-19:

|  |  |
| --- | --- |
| Vaccination Type  | Date of issue: |
|       |       |

Maritime education:

|  |  |  |  |
| --- | --- | --- | --- |
| Grade: | School: | Country: | Date (from – to): |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Others:

|  |  |
| --- | --- |
| Weight: |       |
| Height: |       |
| Marital Status: | Choose an item. |
| Religion: |       |
| Nearest international airport |       |
| Nearest domestic airport |       |

Certifcates:

|  |  |
| --- | --- |
| Date of issue: | Expiry date: |
| Basic safety training, or:  |       |       |
|  Personal survival techniques |       |       |
|  Fire prevention and fire fighting |       |       |
|  Elementry First Aid |       |       |
|  Personal Safety / Social Responsibility |       |       |
| Proficiency in survival craft / PSCRB |       |       |
| Advanced fire fighting |       |       |
| GMDSS |       |       |
| Medical care on board |       |       |
| Medical First aid |       |       |
| Radar navigator |       |       |
| Shiphandling (IMO model course 1.22) |       |       |
| Ship Security Officer |       |       |
| Designated Security Duties |       |       |
| ECDIS (generic – IMO model course 1.27, 40 hrs.) |       |       |
| ECDIS JRC type specific training |       |       |
| ECDIS FURUNO type specific training |       |       |
| ECDIS Sperry Marine type specific training |       |       |
| ECDIS Chart World type specific training |       |       |
| Tanker familiarization  |       |       |
| Advanced chemical training |       |       |
| Advanced oil training |       |       |
| Ship Safety Officer |       |       |
| Ships Cook training certificate |       |       |
| Incident Investigation |       |       |
| Chemical Simulator |       |       |
| Risk Assessment |       |       |
| Framo Pump Course |       |       |
| ME-B / ME-C Course |       |       |

Visa:

|  |  |
| --- | --- |
| Date of issue: | Expiry date: |
| US Visa (C1/D) |       |       |
| Schengen visa |       |       |

|  |  |
| --- | --- |
| Next of kin:      | Relationship:      |
| Telephone:      | Date of birth:      |
| Address:      |

|  |  |
| --- | --- |
| Next of kin:      | Relationship:      |
| Telephone:      | Date of birth:      |
| Address:      |

|  |  |
| --- | --- |
| Next of kin:      | Relationship:      |
| Telephone:      | Date of birth:      |
| Address:      |

Tanker Information Sheet - *(For applications of Deck Officers, Bosun, Pumpman and deck ratings)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | YES/NO | Year\* | Rank\*\* |  | Yes/No | Year\* | Rank\*\* |
| **Chemical Products** |  |  |  | **Chemical Products** |  |  |  |
| **Aromatics:** |  |  |  | Perchlorethylene | YES/NO |       | Rank |
| Styrene | YES/NO |       | Rank | Trichlorethylene | YES/NO |       | Rank |
| Toluene | YES/NO |       | Rank | MDI/TDI | YES/NO |       | Rank |
| Benzene | YES/NO |       | Rank | Ethylene/Methylene Dichloride | YES/NO |       | Rank |
| Xylene | YES/NO |       | Rank | Styrene Monomer | YES/NO |       | Rank |
| Alcohols & Glykols | YES/NO |       | Rank | MethylTert-Butyl Ether (MTBE) | YES/NO |       | Rank |
| Methanol | YES/NO |       | Rank | Butyl Acetate | YES/NO |       | Rank |
| Ethanol | YES/NO |       | Rank | Acetone | YES/NO |       | Rank |
| Iso-propyl Alcohol (IPA) | YES/NO |       | Rank | Acrylonitrile | YES/NO |       | Rank |
| Butyl /Isobutyl Alcohol | YES/NO |       | Rank | Caustic Soda | YES/NO |       | Rank |
| 2-Ethylhexanol (Octanol) | YES/NO |       | Rank | Chloroform | YES/NO |       | Rank |
| Mono Ethylene Glycol (MEG) | YES/NO |       | Rank | Phenols | YES/NO |       | Rank |
| Molasses | YES/NO |       | Rank | Propylene Oxide | YES/NO |       | Rank |
| **Acids:** |  |  |  | Vinyl Acetate Monomer (VAM) | YES/NO |       | Rank |
| Phosphoric | YES/NO |       | Rank | Urea Ammonia Nitrate | YES/NO |       | Rank |
| Sulphuric  | YES/NO |       | Rank | Dowanol | YES/NO |       | Rank |
| Acrylic | YES/NO |       | Rank |  |  |  |  |
| Acetic | YES/NO |       | Rank | **Clean Petroleum Products (CPP):** |  |  |  |
| **Paraffins:** |  |  |  | Gasoil /Diesel Oil  | YES/NO |       | Rank |
| Slack Wax | YES/NO |       | Rank | ULSD | YES/NO |       | Rank |
| Hexane | YES/NO |       | Rank | Gasoline | YES/NO |       | Rank |
| Cyclohexane | YES/NO |       | Rank | Naphta | YES/NO |       | Rank |
| **Vegoils:** |  |  |  | Fuel Oil | YES/NO |       | Rank |
| Such as Crude Palm Oil, Rapeseed Oil, Soyabean Oil, Sunflower Oil, etc. | YES/NO |       | Rank | **Luboils** | YES/NO |       | Rank |

*\*Year: enter year of latest experience \*\*Rank: enter highest rank of experience*

**Parcel Trade Exp.** (max. no during single voyage):       **STS transfer** (Max No. for last 2 yrs including ops at buoys):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cargo Pumps Experience** |  |  | **Tank’s Coating Type Experience**  |  |
| Deepwell: | YES/NO |  | Expoxy | YES/NO |
| *Framo* | YES/NO |  | Zinc Silicate | YES/NO |
| *Marflex (electrical driven)* | YES/NO |  | Marineline | YES/NO |
| Centrifugal | YES/NO |  | Stainless Steel | YES/NO |
| Screw | YES/NO |  | **Tank’s Passivation Experience** | YES/NO |
| Steam Turbine | YES/NO |  | **Wall Wash Experience** | YES/NO |

|  |  |
| --- | --- |
| SIRE Inspections (indicate which) |       |
| CDI Inspection (indicate date of last inspection) |       |
| USCG Inspection (indicate date of last inspection) |       |
| Dry Dock Experience (indicate shipyard) |       |
| Experience in Delivery of New Buildings  |       |
| Trading Area (indicate areas) |       |
| Ice Navigation Experience (indicate areas) |       |
| Ship-to-Ship Experience (indicate areas) |       |
| Multinational crew experience (indicate Nationality) |       |

**Annex I – data consent**

Hereby, I           passport number       , give my consent that ASM Maritime INC. / ASM Shipping LTD will hold and share with 3rd parties personal information as I provided for operational purposes only which includes: flights, crew change formalities, immigration, port authorities and any other party supporting the vessel’s operation. The personal information includes the following: Name, address, birth date, birth place, bank account number, wage details, medical records, NOK, email, phone number, passport, STCW documents, national documents, visas, flight records, sea service and PPE size.

I declare that the information given by me is correct to the best of my knowledge and I consent to disclosure of my personal information under the terms of the General Data Protection Regulations. I am fully aware that my personal information will be used by the Employer for operational reasons only.

Signature \_\_\_\_\_\_\_\_\_\_

**Annex II – Background Checks**

I hereby declare that:

* I have no allegiances or involvement with terrorist organizations
* I have no criminal records

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Manning Agent:

I hereby declare that:

* I confirm that crew declaration was verified and found true
* Reference check from previous employer:

Manning agent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_