



OC-01

EMPIRE BULKERS LIMITED

PHOTO

DATE APPLIED: _____

IRIS No.: _____

POSITION APPLYING FOR: _____

AVAILABILITY: _____

SEAFARER APPLICATION FORM

PART I - PERSONAL DATA

LAST NAME:		FIRST NAME:		MIDDLE NAME:		CIVIL STATUS:				
PERMANENT ADDRESS:					TEL. NO.		CELLPHONE NO.			
CONTACT ADDRESS:					E-MAIL ADDRESS or OTHER CONTACT NOS.:					
DATE OF BIRTH:	AGE:	PLACE OF BIRTH:		HEIGHT:	WEIGHT:	LANGUAGES SPOKEN:	NATIVE	FOREIGN		
BLOOD TYPE:	SSS No.:		TIN No.:		POEA SRC No.:					
WIFE'S FULL MAIDEN NAME:			Number of Sons / Daughters:	CELLPHONE NO. / E-MAIL ADDRESS:						
1st CHILD GIVEN NAME:		AGE:	2nd CHILD GIVEN NAME:		AGE:	3rd CHILD GIVEN NAME:		AGE:	4th CHILD GIVEN NAME:	AGE:
FATHER'S FULL NAME:		MOTHER'S FULL MAIDEN NAME:		NEXT OF KIN:		ADDRESS & CONTACT NUMBER:				

PART II - EDUCATION

LEVEL	NAME OF SCHOOL	CITY / PROVINCE	FROM	TO
College	Course:			
High School				
Elementary				

PART III - LICENSES

PRC STCW COC No.	DATE ISSUED:	VALID UNTIL:
GOC LICENSE No.	DATE ISSUED:	VALID UNTIL:
TESDA COC No.	DATE ISSUED:	VALID UNTIL:

PART IV - TRAVEL DOCUMENTS

DOCUMENT TYPE	NUMBER	DATE ISSUED	VALID UNTIL	DOCUMENT TYPE	NUMBER	DATE ISSUED	VALID UNTIL
PASSPORT				AUSTRALIAN MCV			
SEAMAN BOOK				YELLOW FEVER VACC.			
U.S.A. VISA				CHOLERA VACC.			

PART V - FOREIGN FLAGSHIP DOCUMENTS

DOCUMENT TYPE	NUMBER	DATE ISSUED	VALID UNTIL	DOCUMENT TYPE	NUMBER	DATE ISSUED	VALID UNTIL
Panama SIRB				Marshall Island End.			
Panama GOC				Marshall Island Book			
Liberia End.				Bahamas Endorsement			
Liberia Book				Malta Endorsement			

PART VI - TRAINING CERTIFICATES

NAC CERTIFICATES	NUMBER	DATE ISSUED	TRAINING CENTER CERTIFICATES	NUMBER	DATE ISSUED
Basic Safety Training			Engine Room Simulator		
Prof. In Survival Craft & Rescue Boat			Auxiliary Machinery System		
Advanced Fire Fighting			Control Engineering		
Medical Emergency First Aid			Hydraulics and Pneumatics		
Medical Care			Dangerous & Hazardous Materials		
Ship Security Officer			MARPOL I		
Gen. Tanker Familiarization			MARPOL II		
Specialized Oil Tanker Cert.			MARPOL VI		
Specialized Chem. Tanker Cert.			Deck / Engine Watchkeeping		
TRAINING CENTER CERTIFICATES	NUMBER	DATE ISSUED	Welding Course		
Safety Officer Course			Lathe Machine Course		
Ship Security Awareness			Practical Assessment		
Risk Assessment			Culinary / Catering Course		
Incident Investigation			Messman Course		
ECDIS			PADAMS		
Bridge Resource/Team Mgmt.			Shore-based Fire Fighting		
SSBT			Crude Oil Washing		
Ship Handling Course			Inert Gas System		
INMARSAT/SATCOM			FRAMO Course		
GMDSS			Free-Fall Lifeboat Familiarization		
ROC/ROP			Environmental Management		
ARPA			Human Relationship		
RSC			ISO 14001 Familiarization		
SRROC			Bilge Water Waste Management		
Automatic identification System			Tank Atmospher & Gas Measurement		

PART VII - DETAILS OF SEA-GOING EXPERIENCE (Starting with the LATEST in chronological order)

Vessel Name	Vessel Type	Flag	DWT	Year Built	MAIN ENGINE			PERIOD(dd-mm-yr)			Rank	Months	Trade Route	Reason for sign-off	Manning Agency	Principal's Co. Name
					Maker	Type	BHP	Sign-on	Sign-off							

PART VIII - CONTACT DETAILS OF AT LEAST 3 FOREIGN PRINCIPALS

COMPANY NAME	OFFICE ADDRESS	CONTACT NUMBERS	E-MAIL ADDRESSES / FAX NUMBER	PERSON-IN-CHARGE

PART IX - DETAILS OF WORK EXPERIENCE ASHORE, IF ANY

COMPANY NAME & ADDRESS	POSITION	FROM	TO	JOB DESCRIPTION	REASON FOR LEAVING

PART X - MEDICAL BACKGROUND

	YES	NO	
	Please type "X"		
Any Previous Surgery?			(IF YES, PLEASE DESCRIBE)
Any Previous Serious Illness / Injury / temporary disability?			
Any Physical Handicap?			
Any Drug Related Problem?			
Any Alcohol Related Problem?			
Any involvement in an accident resulting to loss of life or personal injury or damage to ship, cargo, pollution, etc.?			

PART XI - CHARACTER REFERENCES

NAME / POSITION	COMPANY NAME / ADDRESS	CONTACT NUMBERS / E-MAIL

I HEREBY CERTIFY that the information above is true and correct. Any misrepresentation or misinformation on my part shall be grounds for the revocation of my application and if already employed, shall be ground for termination without any responsibility / liability on the Crewing Services, Inc. whatsoever.

Applicants Signature _____ Date: _____
 Application Form/ OC-01/ Rev. No. ~~0000~~