PHOTO

MONTENEGRO MARITIME CORPORATION
CREWING SERVICES PRIVATE LIMITED

APPLICATION FORM

1

Position	**ID/PD No. (For Office Use Only)**
Position applied for:	
Are you willing to accept any other positions? If YES, which positions would you consider?	YES/NO
From what date will you be available?	

2 **Personal details**

Name:	(Surname)			
	(First Names)			
	(Middle Name)			
Date/Place of Birth:		Nationality:		
Permanent address:				
			Pin Code:	
	E-Mail:	□Tel No. :	Mobile	
Local address:				
			Pin Code:	
	E-Mail:	□Tel No.	Mobile	

3a **Educational Background**

Qualification	School / College	From	To	Percentage/ Grade

3b **Technical Background**

Degree/ Diploma	Institute/ College	From	To	Percentage / Grade

4 Identity documents

DOCUMENT	COUNTRY	NUMBER	DATE OF ISSUE	PLACE OF ISSUE	DATE OF EXPIRY
Passport:	RUSSIAN				
Seaman Book:	National				
	Panamanian				
	Liberian				
	Others				

Do you hold a US Visa 'C1/D'?	YES/NO	NO	Issue Date:		Expiry Date:
Do you hold a US Visa 'B1/B2'?	YES/NO	NO	Issue Date:		Expiry Date:

Have you been rejected for any visa applied for?	YES/NO	NO
If YES, please state the country and reasons		
YELLOW FEWER V/T		

5 Family Details: (If Unmarried kindly give details of Next of Kin)

NAME	Relation	Adress	Phone №

6 Certificates *(Highest certificate of competency held)*

Grade/Class Of COC Country	Issuing Country	Certificate No.	Date Issued	Place Issued	Valid Until

7 Certificates Of Competency issued by other countries *(Issued by countries other than in Section 6)*

Issuing Country	Certificate No.	Date Issued	Place Issued	Valid Until
Others				

8 Details of Courses

Courses	Certificate No.	Issued By	Date Issued	Date Of Expiry
ADVANCED FIRE FIGHTING (A-VI/3)				
MEDICAL FIRST AID (A-VI/4)				
MEDICARE (A-VI/4-2)				
PROFICIENCY IN SURVIVAL CRAFT & RB (A-VI/2)				
Basic Safety Training (A-VI/1-1, 1-2,1-3,1-4)				
SSO – Ship Security Officers Course (VI/5)				
DESIGNATED SECURITY DUTIES (A-VI/6-1, 6-2)				
Radar OBS AND PLOTTING AIDS (A-II/1)				
ARPA – Automatic Radar Plotting Aid (A-II/1)				
ECDIS(A-II/1)				
GMDSS + endorsement				
Watch Keeping Certificate Ratings (Deck/Engine)				
Hazmat (STCW-95 Section-B -V/b & CCFRV/c & CFR – 49)				
Bridge / Engine Resources Management (BRM / ERM)				
Vessel Resource Management (VRM)				
Electrical Familiarization for Marine Engineers				
Electronics for Marine Engineers				
Electro Technical Officer/ Rating Certificate				
CROWD&CRISIS MANAGEMENT				
Crane Operator Certificate				
Medical Examination				
OTHER CERTIFICATES :				

9 9	Record of previous service

(Please give a full record starting with the last vessel on which you served)

COMPANY	VESSEL NAME	VESSEL TYPE	D.W.T / GRT	CONTS TEU'S	VSL AGE	TYPE OF ENGINES (Please give full dtls)	Gears	RANK	SIGN ON dd/mm/yy	SIGN OFF dd/mm/yy	DURATION yy/mm/dd	REASONS FOR S/OFF

10 **For Engineers (Please provide details)**

Generators	
Purifiers and Boilers	
Type of Cranes / No of Reefer Containers	

11 **Sailing Experience: (Please advise PRESENT RANK EXPERIENCE on each type of vessel)**

Bulk Carrier	Heavy Lift Carrier	General Cargo	Multi Purpose	Others
LAST SALARY DRAWN (PLEASE MENTION CURRENCY)				

12 **Medical history**

Have you ever signed off a ship due to medical reasons?	YES/NO	
Have you undergone any operation in the past?	YES/NO	
Have you consulted a doctor during the last 12 months for an illness/accident?	YES/NO	
Do you have any health or disability problems now?	YES/NO	

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

13 **General**

Have you ever been the subject of a court of enquiry or involved in a maritime accident?	YES/NO	
Have you ever had a professional license suspended or revoked?	YES/NO	

(If YES, please give full details and attach a separate page if necessary)

14 **References** *(Please give the name and address of your current or immediate past employer)*

Name of company		
Name of person to contact		
Address		
□ No.		

15 **Review**

If immediate employment is not available do you wish to be considered for future vacancies?	YES/ NO	

If YES, please give any alternative contact details not shown in Section 2

16	**Declaration**

I hereby declare that the above particulars are true and authorise you to contact the referees listed above.

Date:

Signature

17	**BOILER SUIT SIZE:**	**SAFETY SHOE SIZE:**