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| **Company Forms** | **seapro-1.jpg** | **Approved by:****General Manager** |

 ***Seafarer’s Application Form:***

**Photo**

***“SEAPOINT MARINE SERVICE” LLC*
73 PARNAVAZ MEPHE STREET
BATUMI, 6000, GEORGIA
TEL: +995 422 27 00 77
E-MAIL:** **crew@seapoint.ge** **WEB-SITE:** [**www.seapoint.ge**](http://www.seapoint.ge)

|  |
| --- |
|  **1. PERSONAL INFORMATION** |
| **LAST NAME:** |  | **FIRST NAME:** |  |
| **DATE OF BIRTH:** |  | **PLACE OF BIRTH:** |  |
| **NATIONALITY:** |  | **SEX:** | **M F** |
| **MARITAL STATUS:** |  | **HEIGHT/WEIGHT:** |  |
| **MOTHER/FATHER NAME:** |  | **NEAREST AIRPORT:** |  |
| **2. ADDRESS & CONTACT INFORMATION** |
| **STREET:** |  | **PHONE/MOBILE** |  |
| **CITY/COUNTRY** |  | **E-MAIL:** |  |
| **NEXT OF KIN NAME:** |  | **NEXT OF KIN CONTACT:** |  |
| **3. POSITION & AVAILABILITY** |
| **REQUESTED POSITION:**  |  |  |  |
| **AVAILABILITY DATE:** |  |  |  |
| **MINIMUM SALARY:** |  |  |  |
| **4. TRAVEL DOCUMENTS AND MEDICAL CERTIFICATES** |
| **DOCUMENT NAME:** | **DOC. NUMBER:** | **COUNTRY:** | **ISSUE PLACE:** | **ISSUED:** | **EXPIRE:** |
| **PASSPORT** |  |  |  |  |  |
| **SEAMENS BOOK** |  |  |  |  |  |
| **USA VISA** |  |  |  |  |  |
| **DRUG-ALCOHOL TEST** |  |  |  |  |  |
| **MEDICAL EXAMINATION** |  |  |  |  |  |
| **YELLOW FEVER** |  |  |  |  |  |
| **5. QUALIFICATION SERTIFICATES** |
| **DOCUMENT NAME:** | **DOC.NUMBER:** | **COUNTRY:** | **ISSUE PLACE:** | **ISSUED:** | **EXPIRE:** |
| **CERTIFICATE OF COMPETENCY** |  |  |  |  |  |
| **GMDSS** |  |  |  |  |  |
| **BASIC SAFETY TRAINING** |  |  |  |  |  |
| **ADVANCE FIRE FIGHTING** |  |  |  |  |  |
| **PROF SURVIVAL CRAFT** |  |  |  |  |  |
| **MED 1ST AID/MED CARE** |  |  |  |  |  |
| **TANKER ADVANCED** |  |  |  |  |  |
| **CHEMICAL TANKER** |  |  |  |  |  |
| **RADAR/ARPA** |  |  |  |  |  |
| **ECDIS** |  |  |  |  |  |
| **SSO** |  |  |  |  |  |
| **ERM/BTM** |  |  |  |  |  |
| **LEADERSHIP** |  |  |  |  |  |
| **6. SEA SERVICE RECORDS** |
| **VESSEL:** | FLAG: | TYPE/DWT: | **ENG/HP:** | RANK: | **S/ON:** | S/OFF: | OWNERS: |
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| **7. PREVIOUS REFERENCE** |
| **OWNERS NAME:** |  | **CONTACT:** |  |