



**PT. KUANTUM MARINA GLOBAL**

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## APPLICATION FORM

### 1. Personal Information

Last Name:	
First Name:	Middle Name(s):
Date of Birth (mm/dd/yyyy):	Birth Place (city):
Country of Birth:	Nationality:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color:
Weight: _____ lbs. or _____ kgs.	Height: _____ feet _____ inches or _____ cm
Present/Last Employer :	Coverall Size: _____ Shoes Size : _____
Languages : English, Indonesia	Nearest Airport : _____ Km for Airport : _____
Medical Certificate Issued : ____ / ____ / ____	Expired : ____ / ____ / ____
Any Vissa Issued : ____ / ____ / ____	Expired : ____ / ____ / ____
Date of availability : ____ / ____ / ____	

### 2. Contact Information

#### Permanent Address

Street 1:	Street 2:
City:	State/Province:
Zip/Postal Code:	Country:

#### Phone Numbers (include country codes and area codes) and E-mail

Home Phone:	Mobile Phone:
E-mail Address:	

### 3. Dependant Information

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other
Number of children under 18 years of age?

#### Emergency Contact Information

In the event of an emergency, I would like the company to contact the following person or persons:

<b>Person 1</b>	Relationship:
Last Name:	
First Name:	Middle Name(s):
Home Phone:	Mobile Phone:
E-mail Address:	
<b>Person 2</b>	Relationship:
Last Name:	
First Name:	Middle Name(s):
Home Phone:	Mobile Phone:
E-mail Address:	

#### 4. Education Background

	School Name and City	No. of Years	From (mm/dd/yyyy):	To (mm/dd/yyyy):	Major/Diploma
High School:					
College:					
University:					
Apprenticeship:					
Other:					

#### 5. Position Desired

Position Desired:	Salary Desired (USD):
Have you worked on cruise ships before: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list last company:

#### 6. Documentation Information

##### Passport Information

Passport Number:	Passport Nationality:
Date of Issue (mm/dd/yyyy):	Place of Issue:
Date of Expiration (mm/dd/yyyy):	

##### Crew Visas

Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Visa No:	Type:
C1/D:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
C1:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
D:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Schengen:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

##### STCW Certification

Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Certificate Number:
Elementary First Aid (BST)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire Prevention & Fire Fighting (BST)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Safety & Social Responsibility (BST)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Survival Techniques (BST)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Crowd Management & Passenger Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Crisis Management & Human Behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Security Awareness	<input type="checkbox"/> Yes <input type="checkbox"/> No		

##### Seaman's Books

Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Number:	Nationality:
National:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Flag State 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Flag State 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Other Certificates**

Type	Yes/No or Not Applicable:	Date of Issue (mm/dd/yyyy):	Date of Expiration (mm/dd/yyyy):	Comments:
Ship's Cook	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Other 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

**7. Sea Services Record**

Company Name	Flag/Location	Working Position	Working/Sailing Period

**8. Languages**

Language:	Proficiency Level Speak:	Proficiency Level Write:
English (mandatory):	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
Spanish:	<input type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
French:	<input type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
German:	<input type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent

**Reference Check from last 2 companies :**

No	Company Name	Vessel Type	Person in Charge	Designation	Company Adress

I hereby certify that all information contained in this application form is true and correct, and I understand that any mis-representation or intentional omissions are grounds for denial of hire or reason for dismissal.

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Signature of Applicant

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Date (mm/dd/yyyy)