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| PT. KUANTUM MARINA GLOBAL | | | | | | | Insert Photo  ATTACH PHOTO HERE |
| **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: □ Male | □ Female |  |  | | Hair Color: | | |
| Weight: | lbs. or | kgs. |  | | Height: feet inches | or cm | |
| Present/Last Employer : | | | | | Coverall Sizer: | Shoes Size : | |
| Languages : English, Indonesia | | | | | Nearest Airport : | Km for Airport : | |
| Medical Certificate Issued : / / | | | | | Expired : / / | | |
| Any Vissa Issued : / / | | | | | Expired : / / | | |
| Date of availability : / / | | | | |  | | |
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| **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: | □ Single | □ Married | □ Divorced □ Widowed | | | □ 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: | | | | | | | |
| **Person 1** | | | | Relationship: | | | |
| Last Name: | | | | | | | |
| First Name: | | | | Middle Name(s): | | | |
| Home Phone: | | | | Mobile Phone: | | | |
| E-mail Address: | | | | | | | |
| **Person 2** | | | | Relationship: | | | |
| Last Name: | | | | | | | |
| First Name: | | | | Middle Name(s): | | | |
| Home Phone: | | | | Mobile Phone: | | | |
| E-mail Address: | | | | | | | |

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| **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: |  |  |  |  |  |
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| **5. Position Desired** | | | | | | | | |
| Position Desired: | | | | Salary Desired (USD): | | | | |
| Have you worked on cruise ships before: □ Yes □ 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: | □ Yes □ No |  | | |  | | |  |
| C1: | □ Yes □ No |  | | |  | | |  |
| D: | □ Yes □ No |  | | |  | | |  |
| Schengen: | □ Yes □ No |  | | |  | | |  |
| Other 1: | □ Yes □ No |  | | |  | | |  |
| STCW Certification | | | | | | | | |
| Type: | | | Yes/No | | | Date of Expiration  (mm/dd/yyyy): | | Certificate Number: |
| Certificates Of Competency | | | □ Yes □ No | | |  | |  |
| Certificates Of Endorsement | | | □ Yes □ No | | |  | |  |
| Basic Safety Training | | | □ Yes □ No | | |  | |  |
| Advance Fire Fighting | | | □ Yes □ No | | |  | |  |
| Proficiency Survival Craft and Rescue Boat | | | □ Yes □ No | | |  | |  |
| Security Awareness Training | | | □ Yes □ No | | |  | |  |
| Seafarers With Designated Security Duties | | | □ Yes □ No | | |  | |  |
| Radar Simulator | | | □ Yes □ No | | |  | |  |
| Arpa Simulator | | | □ Yes □ No | | |  | |  |
| Basic Training | | | □ Yes □ No | | |  | |  |
| Medical Care | | | □ Yes □ No | | |  | |  |
| Advance Oil Tanker | | | □ Yes □ No | | |  | |  |
| Advance Chemical Tanker | | | □ Yes □ No | | |  | |  |
| Advance Liquefied Gas Tanker | | | □ Yes □ No | | |  | |  |
| Basic Oil/Chemical Tanker | | | □ Yes □ No | | |  | |  |
| Basic Liquefied Gas Tanker | | | □ Yes □ No | | |  | |  |
| ECDIS | | | □ Yes □ No | | |  | |  |
| GMDSS | | | □ Yes □ No | | |  | |  |
| GMDSS Endorsement | | | □ Yes □ No | | |  | |  |
| Ship Security Officer | | | □ Yes □ No | | |  | |  |
| Medical First Aid | | | □ Yes □ No | | |  | |  |
| Bridge Resources Management | | | □ Yes □ No | | |  | |  |
| Engine Resources Management | | | □ Yes □ No | | |  | |  |
| IMDG Code | | | □ Yes □ No | | |  | |  |
| Ship Handling and Maneuvering Course | | | □ Yes □ No | | |  | |  |
| Crisis Management and Human Behaviour | | | □ Yes □ No | | |  | |  |
| Other 1 : | | | □ Yes □ No | | |  | |  |
| Other 2 : | | | □ Yes □ No | | |  | |  |
| Other 2 : | | | □ Yes □ No | | |  | |  |
| Seaman’s Books | | | | | | | | |
| Type: | Yes/No | Date of Expiration  (mm/dd/yyyy): | | | Number: | | | Nationality: |
| National: | □ Yes □ No |  | | |  | | |  |
| Flag State 1: | □ Yes □ No |  | | |  | | |  |
| Flag State 2: | □ Yes □ No |  | | |  | | |  |

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| Other Certificates | | | | | | | | | | |
| Type | | Yes/No or Not Applicable: | | | Date of Issue (mm/dd/yyyy): | | Date of Expiration (mm/dd/yyyy): | | | Comments: |
| Other 1 : | | □ Yes □ No □ N/A | | |  | |  | | |  |
| Other 2 : | | □ Yes □ No □ N/A | | |  | |  | | |  |
| **7. Sea Services Record** | | | | | | | | | | |
| **Vessel Name** | **Company Name** | | | **Vessel Type** | | **GRT/KW** | | **Rank** | | **Sailing Period** |
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| **8. Languages** | | | | | | | | | | |
| Language: | | | Proficiency Level Speak: | | | | | | Proficiency Level Write: | |
| English (mandatory): | | | □ Beginner □ Intermediate □ Fluent | | | | | | □ Beginner □ Intermediate □ Fluent | |
| Spanish: | | | □ N/A □ Beginner □ Intermediate □ Fluent | | | | | | □ N/A □ Beginner □ Intermediate □ Fluent | |
| French: | | | □ N/A □ Beginner □ Intermediate □ Fluent | | | | | | □ N/A □ Beginner □ Intermediate □ Fluent | |
| German: | | | □ N/A □ Beginner □ Intermediate □ Fluent | | | | | | □ N/A □ Beginner □ Intermediate □ Fluent | |

**Reference Check from last 2 companies :**

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| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Company Name** | **Vessel Type** | **Person in Charge** | **Designation** | **Contact Details** | **Company Address** |
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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.

Signature of Applicant Date (mm/dd/yyyy)