



ATHENIAN SEA CARRIERS LTD

PHOTO

ADS/2/06

Form: PR6/01

Rev: 01 - 01/10/2017

Edition: 03

Issued/Approved by: CEO

APPLICATION FORM

(TO BE FILED IN BY THE SEAMAN)

RANK: _____ **DATE OF AVAILABILITY:** _____

PERSONAL DETAILS

Surname:	Date of Birth / Age *		
First Name:	Place of Birth:		
Father's name:	Passport Nr:	Expires:	___/___/___
Mother's name:	SB Nr:	Issued on:	___/___/___
Marital Status (please tick among the following boxes):	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
Next of Kin (relationship):	Contact Numbers:		
Children name/ D.O.B.:	(1)	(2)	(3)

CONTACT DETAILS

Home Address Street (street-city-zip code): _____

Telephone: _____ / Mobile phone: _____ / Email Address: _____

CERTIFICATION / QUALIFICATIONS

Certificate of Competency (COC)	Grade of Officer Certificate	Certificate No.	Date Issued	Date Expires	Country of issue
<input type="checkbox"/> Oil Tanker Safety - Basic (VI/1-1)	Expiration Date: ___/___/___	<input type="checkbox"/> Ship Simulator and Bridge Teamwork Training	Issue Date: ___/___/___		
<input type="checkbox"/> Oil Tanker Safety - Advanced (VI/1-1)	Expiration Date: ___/___/___	<input type="checkbox"/> Engine Resource Management (ERM)	Issue Date: ___/___/___		
<input type="checkbox"/> Basic Safety Training (VI/1-1 to 1-4)	Expiration Date: ___/___/___	<input type="checkbox"/> Ship Security Officer (for Officers)	Issue Date: ___/___/___		
<input type="checkbox"/> Proficiency in Survival & Rescue Boat(VI/2-1)	Expiration Date: ___/___/___	<input type="checkbox"/> Ship Security Awareness with Designated Security Du Designated Security Duties (for Ratings)	Issue Date: ___/___/___		
<input type="checkbox"/> Advanced Fire Fighting (VI/3)	Expiration Date: ___/___/___	<input type="checkbox"/> Ship Security Awareness (for Ratings)	Issue Date: ___/___/___		
<input type="checkbox"/> Medical First Aid (VI/4-1)		<input type="checkbox"/> Risk Assessment / Incident Investigation	Issue Date: ___/___/___		
<input type="checkbox"/> Medical Care	Expiration Date: ___/___/___	<input type="checkbox"/> ISM / ISO 9001- 14001 / OHSAS 18001			
<input type="checkbox"/> ECDIS JRC	Expiration Date: ___/___/___	<input type="checkbox"/> Calibration of portable oxygen and hydrocarbon Analyzers			
<input type="checkbox"/> Safety Officer		<input type="checkbox"/> Train the Trainer			
<input type="checkbox"/> Cargo Handling Simulator	Expiration Date: ___/___/___				

LIST OF SEA SERVICES (Please start from last sign on)

Propulsion (Steam or Motor)	Vessel Name	Vessel Type	Owner	DWT	Engine Type	Rank	Sign on Date	Sign off Date	Sign off Reason	Service Months

TOTAL SEA SERVICE (yrs) _____

SEA SERVICE IN RANK (yrs) _____

SEA SERVICE IN CRUDE OIL CARRIERS (yrs) _____

LANGUAGES English Level : _____

Other Languages : _____

REFERENCES _____

(Date of Application)

APPLICANT
(signature)

PLEASE DO NOT WRITE BELOW THIS LINE (for Company use only)

Comments by Interviewer: _____

Reviewed by:

CEO (for Master & CE) _____

Operations Manager (for Deck Officers) _____

FST Manager (for Deck Officers) _____

Marine Manager (for Deck Officers) _____

Technical Director(for Engine Officers) _____

Crew Mgr (for Ratings) _____

(signature) (date)

Age Verification according ADS/2/6 4.1

It is hereby verified that above seafarer is not under the age of 18 years old.