

## **APPLICATION FOR EMPLOYMENT**

THIS APPLICATION MUST BE FULLY AND ACCURATELY COMPLETED AND SUBMITTED TO PERSONNEL MANAGER

## O STAR SEJAHTERA PT

Seafarer's Crewing Management Agency Jakarta - Bali - Indonesia

РНОТО

Please complete form in <b>black ink</b> or <b>type</b>								
1 CONTACT DETAILS (Enter Details)								
RANK				POSTAL AD	DRESS			
DEPARTMENT	F&B Dept	☐ HK Dept ☐	KITCHEN Dept					
TITLE	Mr Mrs	☐ Ms ☐ Othe	rs 🗌					
FIRST NAMES				POST CODE				
SURNAME			NEAREST A	AIRPORT				
PLACE DATE OF BIRTH				MB No	P1			
PERSONAL DATA	WEIGHT:	KG <b>HEIGH</b>	T: CM	TEL No	P2			
MARITAL STATUS	MARRIED	SINGLE	OTHERS	Skype	P3			
NATIONALITY				E-Mail	P4			
2 AVAILABILITY (Enter De	tails)							
Date Available From				Date Availab	ole To			
3 BANK DETAILS (Enter D	etails)							
Bank Name				Bank Account No				
Bank Address				Account Holder Name				
				Swift Code				
			National Insurance No					
			MB No					
4 NEXT OF KIN DETAILS (A	Enter Details)							
NOK Name				NOK Addre	ss			
NOK Relationship								
NOK MB No								
5 CERTIFICATE OF COMPE	TENCY (latest on	ly) <i>(Enter Detail</i>	s) (Please includ	de copies for	our records)			
Details		Issue Date	Expiry Date	Place of Issue		Certificate No's etc		
Basic Safety Training								
Crisis Management & Huma	n Behaviour							
Crowd Management								
Seafarer's Security Awareness Training								
Seafarer's with Designated Security Duties								
Hazard Analysis Critical Con	trol Point							
Competency - Others-								

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6 TRAVEL DOCUMENT CHECK LIST (Enter Details) (Please include copies for our records)							
Code	Details	Issue Date	Expiry Date	Country of Issue	Certificate No's etc		
TV01	PASSPORT						
TV02	SEAMAN'S BOOK						
TV03	YELLOW FEVER						
TV04	US VISA (C1D)						
TV - Other -							

7 EDUCATION / TRAINING INFORMATION (Enter Details) (Please include copies for our records)															
Code	Details	Туре	School / Hotel	Year attended	Year Graduated	Subject Studied									
TOS01	Type of School														
HSA01	Hotel School (S1 / D1 / 6 Months)														
AHT01	Additional Hotel Training														
CHE01	Casual Hotel Experience														
8 LANDBASE	WORK EXPERIENCES (Enter Deta	ails) (Pleas	se include copies for	our records)											
Code / No	Hotel Company Name		Rank		Date From	Date To									
HE01 / 1.															
RE01 / 2.															
CE01 / 3.															
- OTHER -															
			<del></del>		<del></del>										

9 KNOWLWDGE OF LANGUAGES (Enter Details) (Please include copies for our records)								
Code / No	Details	Excellent	Very Good	Fair	Poor			
ENG01 / 1.	ENGLISH Language							
FRE01 / 2.	FRENCH Language							
GER01 / 3.	GERMAN language							
	LANGUAGE - Other -							
MAT01 / 04.	MARLIN TEST Certificate	YES		NO				

10 OFFSHORE / BULK CARRIER / TANKER and OFFICERS CERTIFICATIONS DETAIL (Enter Details) (Please include copies for our records)								
Code	Details	Issue Date	Expiry Date	Country of Issue	Certificate No's etc			
BOT/01	Offshore Survival (OPITO) BOSIET							
HUT/01	HUET Certificate							
FHC/01	FOOD HANDLER Certificate							
HACCP/01	Hazard Analysis Critical Control Point							
MFA/01	MEDICAL FIRST AID							
RAT/01	RATINGS AS ABLE SEAFARER DECK							
AFF/01	ADVANCE FIRE FIGHTING							
BTO/01	Basic Training & Oil Chemical Tanker							
TVR/01	Typhoid Vaccine Record							
- OTHER -								
- OTHER -								
- OTHER -								

## 11 SEA EXPERIENCE (Previous Sea Experience – Earliest Date First)

EMPLOYMENT HISTORY (Enter Details) (Please include appraisal letter for our records)

Date From	Date To	Rank	Ship Name	GT	Company	Vessel Type	Reason For Leaving

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12 PLEASE USE THIS BOX TO INCLUDE ANY ADDITIONAL INFORMATION RELEVANT TO YOUR APPLICATION								
13 EQUAL OPPORTUNITIES POLICY								
Please tick the box if you have completed and enclosed the Equal Opportunities Policy monitoring form								
14 REFEREES (Er	nter Details)							
REFERENCE 1 – Ca	n we take up this reference	NOW / LATER?	REFERENCE 2 –	Can we take up this re	eference NOW / LATE	ER?		
Title			Title					
First Names			First Names					
Surname			Surname					
Address			Address					
Dogt Code			Boot Code					
Post Code MB / Tel No			Post Code MB / Tel No					
E-Mail			E-Mail					
			- mail					
I confirm that the details given are to the best of my knowledge accurate and true, that I am in legal possession of the above qualifications and certificates. Furthermore, I confirm that I have no unspent criminal convictions and I agree that my personal record can be verified with the Criminal Records Bureau should this be deemed necessary. I also agree that my details will be shared between Indostar Recruitment regional offices, and I may be contacted by either office regarding employment.  All of the answer and information in this Application are true and correct to the best of my knowledge and belief. I understand that supplying false information or misrepresenting or omitting any facts or information called for in this Application is cause for my Dismissal  Signature:  Date:								
15 TO BE CC	OMOLETED BY	INTERVIEWER	R - Please in	clude intervi	ew resulted			
INTERV	IEWED BY				DATE:	/		
REN	MARK							
APPROVED	SIGNATURED							
16 ADDITIO	NAL COMMEN	T RELEVANT T	O THIS EM	PLOYEE				
PRINCIPLE /	as AGENT Only							

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