



Alison Management

SEAGOING PERSONNEL APPLICATION AND INTERVIEW RECORD

C 002

Date: 15.11.2019

Revision: 02

Part A. APPLICATION FORM

PERSONAL DATA

Applied for the position of: _____	PHOTO
Surname: _____ Forename: _____	
Father's name: _____ Mother's name: _____	
Date of birth: _____ Place of birth: _____	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married Nationality: _____	
Home address: _____	
Tel.: _____ Tel.: _____ e-mail: _____	
Next of kin: _____	
Surname: _____ Forename: _____	
Home address: _____ Tel: _____	
Dependants (number): _____ Sons: _____ Daughters: _____	

DOCUMENTS	NUMBER	ISSUING AUTHORITY	Date Issued	Expiry Date
Passport				
Seaman's book				
S T C W Endorsement/ COC				
Medical Fitness Certificate				
Yellow Fever Vaccination				

QUALIFICATIONS (ref. to IMS Ch.6 Appendix IV and V, as applicable)

CERTIFICATES	YES	NO	ISSUING AUTHORITY	Date Issued	Expiry Date
Certificate of competence / license					
Navigational watchkeeping A-II/1					
Navigational watchkeeping A-II/2					
Navigational watchkeeping A-II/4					
Navigational watchkeeping A-II/5					
Engine Room watchkeeping A-III/1					
Engine Room watchkeeping A-III/2					
Engine Room watchkeeping A-III/4					
Engine Room watchkeeping A-III/5					
Electro-Technical Officer A-III/6					
Electro-Technical Rating A-III/7					
GMDSS radio operators A-IV/2					
Basic training A-VI/1-1 to 1-4					
Basic Training for Oil and Chemical Tankers A-V/1-1-1					
Advanced Training for Oil Tankers A-V/1-1-2					
Advanced Training for Chemical Tankers A-V/1-1-2					
Liquefied Gas Tanker training program A-V/1-2					
Proficiency in surv. craft & RB other than FRB A-VI/2-1					
Advanced fire fighting A-VI/3-1					
Medical care A-VI/4-1,2					
Ship Security Officer A-VI/5					
Security Awareness for Seafarers without Designated Security Duties A-VI/6-1					



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Part B. INTERVIEW FORM

ONLY for the accepted applicants. Interview will be carried out by the Department Managers or their deputies.

SEAFARER'S NAME:

RANK:

INTERVIEW DATE:

CREW MANAGER / MANNING AGENT
Appearance.
Personality/Maturity.
Communication skills/Sociability/Attitude.
Environmental awareness, sensitivity and training.
Contract period.
Nautical college / year graduated. (APPLICABLE FOR MASTER AND SENIOR OFFICERS)
Previous companies employed at.
Type of vessels.
Training courses on top of STCW.
Knowledge of English language (interview is conducted in English language).
Personal Survival Techniques / Fire Prevention and Fire Fighting (APPLICABLE FOR RATINGS)
Elementary First Aid, Personal Safety and Social Relationships (APPLICABLE FOR RATINGS)
Salaries and other benefits.
Uniforms and Insignia.
Which are your views on health, safety, security, quality and environmental policy/philosophy (expand)?
Which are your views on D& A policy?
Why did you have short contract duration with previous company (where applicable)?
What does the term DPA mean and which are his responsibilities?
Which are your views on Safety Committee meetings and how frequently should they be conducted?
Have you experienced any accidents? What lessons have you learned?
How would you ensure teamwork onboard?
When would you be available?
Have you any definite plans for your career?
Have you previously worked with multinational workforce?
Have you experienced any difficulties on this?
Do you believe that you are obliged to make suggestion for improvement of the Company's operations / performance?
Which particular aspects of work do you consider harder/more stressful?
Would you expect your wife / family to travel with you?
Have you experienced any medical operation / serious illness in the last 12 months?
Is there any possibility to undergo any medical operation in the next 12 months?

MANNING AGENT *NAME/SIGNATURE*

DATE



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REFERENCES/INFORMATION, ETC. FROM PREVIOUS EMPLOYERS *(to be completed by Crew Manager/Manning agent)*

Empty box for references/information from previous employers.

Crew Manager *NAME/SIGNATURE* _____ ACCEPTED YES NO
 COMMENTS _____
 DATE _____

OFFICERS ARE TO BE INTERVIEWED ON SPECIFIC TOPICS AS DESCRIBED IN IMS CH.6 APPENDIX I. INTERVIEWERS TO SIGN BELOW AS APPLICABLE:

COMPANY DEPARTMENTS	
DPA <i>NAME/SIGNATURE</i> _____ COMMENTS _____	ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO DATE _____
TECHNICAL <i>NAME/POSITION/SIGNATURE</i> _____ COMMENTS _____	ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO DATE _____
OPERATIONS <i>NAME/POSITION/SIGNATURE</i> _____ COMMENTS _____	ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO DATE _____
GENERAL MANAGER <i>SIGNATURE</i> _____ COMMENTS _____	ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO DATE _____

Note: 1) Any comments shall be recorded in the relevant fields 2) Final approval as per Table 1 of IMS Ch.6

INTERVIEW CARRIED OUT: AT HEAD OFFICE THROUGH VIDEOCONFERENCE

CERTIFICATES' AUTHENTICITY CHECK *Completed by the Crew Manager, when recruitment is conducted directly by the Company. Completed by the Manning Agent, when the recruitment is conducted by the Manning Agency and verified by the Crew Manager.*

Authenticity check conducted for certificates:

CONDUCTED BY *MANNING AGENT (Name/Position)* _____

DATE _____

RESULTS Satisfactory Unsatisfactory

VERIFIED BY *Crew Manager (Name)* _____

DATE _____

RESULTS Satisfactory Unsatisfactory

MEDICAL EXAMINATIONS *TO BE CONDUCTED PRIOR TO SEAFARER'S ENGAGEMENT*

MEDICAL EXAMINATIONS AND D&A TEST COMPLETED SATISFACTORY? YES NO