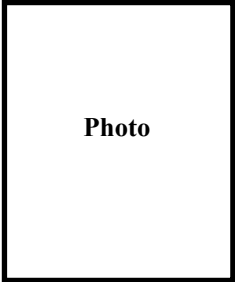


Code : _____



Application Form for Seafarers
SOUTH STAR LTD.



1st Choice: _____ **2nd Choice:** _____

Surname (Family name): _____ **First Name:** _____

Date of Birth (Day/Month/Year): _____ **Citizenship:** Ukrainian

Place of Birth: _____

Height: _____ cm **Weight:** _____ kg **Color of Eyes:** _____ **Color of Hair:** _____

Distinguishing Marks - (Scars, Birthmarks, Tattoos, etc.): _____

Marital Status: _____

Wife's Name: _____ **DOB/POB:** _____

Number of children : _____ **DOB.Male/Female:** _____

Home Address: _____

Telephone: _____ **Contact Telephone:** _____

Next of Kin: _____ **Relation:** _____

Next of Kin's Address: _____

Name of maritime /Academy/ College /School	Address	From:	To:

Documents		Number	Date of Issued	Date of Expires	Place of Issued
Passport (OVIR)					
Seaman's Identification Card					
US C1/D Visa					
Grade of License	Nat.	Number	Date of Issued	Date of Expires	Place of Issued
COC	UKR				
COC	LIB etc				

STCW-78/95 courses	Number	Date of Issued	Date of Expires	Place of Issued
Fire Prevention & Fire Fighting, Personal Safety and Social Responsibility, Elementary 1 st Aid and Personal Survival Techniques (A-VI/1)				
Advance Fire Fighting (A-VI/3)				
Survival Craft/Rescue Boat (A-VI/2 1 to 4)				
Medical First Aid (A-VI/4-1)				
Medical Care on board (A-VI/4-2)				
Radar Observation and Plotting (A -I/12-4)				
ARPA (A -I/12-5)				
GMDSS /General Operator (A-IV/2)				
Dangerous & Hazardous Cargo (B-V/4 B-V/5)				
Tanker man Certificate (V/1 para 1,2)				
ISM Code familiarization (basic/advance)				
SSO course (ISPS code)				

Medical Certificates:	Date of Issued	Date of Expires	Place of Issued
Medical Report/Certificate (Health List)			
Drug & Alcohol test			
Yellow fever			

Special experience (Aux. Eng. / cargo cranes / foreign crew / software / etc)

Knowledge of English Language : Marlins : %

SEA GOING EXPERIENCE

(most recent vessel first)

Name of Vessel	Type of Vessel (for Container - TEU)	Type of Main Engine	DWT	BHP	Flag	Name of Company (Ship Managers/Owners) <div style="border: 1px solid black; padding: 2px; font-size: small;">reason for leaving</div>	Rank	Period of Sea Service		Crewing Agency Name & Phone
								From : day/month/year	To : day/month/year	

REFERENCES:

COMPANY NAME			
ADDRESS			
PHONE NO.			
FAX			
E-MAIL			
CONTACT PERSON			

Date :

Seaman's Signature:

I confirm that all above given information are true and any fake will cause immediate termination of the employment

Personnel Officer :