



Management System Section:  
Management System 03 – Recruitment Vessel Personnel

Document Title:  
Seafarer Application Form

Reference Number:  
MS 03-47

Document Level: 03

Revision: 00

Page: 1 of 3

PHOTO

NOTE: ALL SEAFARERS ARE FIRMLY ADVISED THAT NO FEES WILL BE COLLECTED FROM THEM NOR ARE THEY TO GIVE ANY GIFTS TO ANY OF THE MANAGEMENT AND STAFF OF STATUS MARITIME CORP.  
/LAHAT NG MGA MARINO AY MAHIGPIT NA PINAPAYUHAN NA WALANG BAYAD ANG KAHIT ANONG TRANSAKSYON SA ANUMANG PANGASIWAAN AT MGA KAWANI NG STATUS MARITIME CORP.

Nationality	Last Name	First Name	Middle Name	Application date	Vessel destined for	Rank
English Language - Communication			Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Birth Place:	Birth Date:	Age:
Level	POOR	GOOD	V.GOOD	No of Kids :		Height (CM):
Written				Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	Weight (KG):
Oral				Age:	Age:	SSS NO:
Temporary Address -City- -Number- - Street			Permanent Address -City- Number -Street	Shoe Nr. <input type="checkbox"/>	Course:	Personal Email:
Religion	Next of Kin	Address	Relation	Contact	Coverall Nr. <input type="checkbox"/>	Phil Health:
					School:	Pagibig:
					Availability:	References:

Endorsements & certificates	Number	Date issued	Validity	<input type="checkbox"/> MEDICAL FITNESS CERTIFICATE	<input type="checkbox"/> PSCRB wCOP	<input type="checkbox"/> Advanced/Specialized Training Chemical Tanker/ATCT wCOP
<input type="checkbox"/> Seaman book				<input type="checkbox"/> Yellow Fever Valid:	<input type="checkbox"/> Advance fire fighting	<input type="checkbox"/> Advanced/Specialized Training Oil Tanker/ATOT wCOP
<input type="checkbox"/> SRC				<input type="checkbox"/> Cholera	<input type="checkbox"/> Medical first aid	<input type="checkbox"/> MLC F1,F2,F3,F4
<input type="checkbox"/> Passport				<input type="checkbox"/> ISM	<input type="checkbox"/> Medical Care	<input type="checkbox"/> COW/IGS
<input type="checkbox"/> Certificate of competency				<input type="checkbox"/> BT wCOP	<input type="checkbox"/> HAZMAT	<input type="checkbox"/> Marpol I, II, III, IV, V, VI/ CONSO
<input type="checkbox"/> Certificate of competency				<input type="checkbox"/> Shore-based fire-fighting	<input type="checkbox"/> ARPA (IF FITTED)	<input type="checkbox"/> Marsall SBK, ENDO
<input type="checkbox"/> COC Ratings				<input type="checkbox"/> BTOC wCOP	<input type="checkbox"/> ROC / ROP/RSC	<input type="checkbox"/> Liberia SBK, COC, ENDO
<input type="checkbox"/> Watch Keeping Certificate RATINGS DECK <input type="checkbox"/> ENG <input type="checkbox"/>				<input type="checkbox"/> SSBT	<input type="checkbox"/> SSROC	<input type="checkbox"/> ECDIS GENERIC
<input type="checkbox"/> Endorsement recog foreign flag: <input type="checkbox"/>				<input type="checkbox"/> BRM/BTM	<input type="checkbox"/> INMARSAT / SATCOM	<input type="checkbox"/> ECDIS TRANSAS
<input type="checkbox"/> GOC - GMDSS license				<input type="checkbox"/> JERS/ERM	<input type="checkbox"/> SSO/SDSD wCOP /SSA	<input type="checkbox"/> ECDIS SPERRY
REMARKS:				<input type="checkbox"/> FAST RESCUE BOAT wCOP	<input type="checkbox"/> U.S.A VISA - VALID:	<input type="checkbox"/> ECDIS JRC
						OTHERS:

REFERENCES/INFORMATION FROM PREVIOUS EMPLOYERS (to be completed by Crew Manager and/or Manning agent)	
Company:	Comments:
Company:	Comments:

Approval Authority: HSSQE

Approved By: HSE Director

Date:



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Page: 2 of 3

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**Training Needs/ Missing Certificates**

**BACKGROUND SECURITY 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.*

**Policy Record Provided by the Seafarer** Yes / No

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

**DATE** **RESULTS** Satisfactory Unsatisfactory

**VERIFIED BY** CREW MANAGER (Name)

**DATE** **RESULTS** Satisfactory Unsatisfactory

**CERTIFICATES' AUTHENTICITY CHECK** *Completed by the Manning Agent, when the recruitment is conducted by the Manning Agent 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

Approval Authority: HSSQE

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**Page: 3 of 3**

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Vessel's Type	Vessel's Name	COMPANY	FLAG	GRT	DWT/ YEAR BUILT	IMO No./Call Sign	Engine Maker / Type	HP	Generator No./Maker/ Type	Rank	Manning Agent	S/on Date DD / MM /YR	S/off Date DD/MM/YR	Months O/B	S/off Port	Reason

**INTERVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **Approved** [  ] **Rejected** [  ] **Remarks: EX CREW** [  ]  
**(Name)**