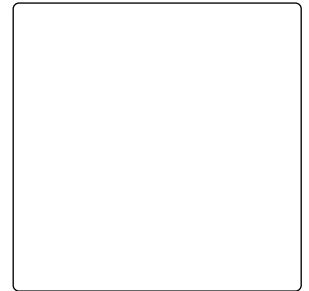


## APPLICATION FORM



Rank:	Expected Salary:	USD
Last Name:	First Name:	
Middle Name:	Ready From:	
Telephone No.:	Mobile No.:	
E-mail:	Skype ID:	

### 1. PERSONAL DETAILS

Date of Birth:	Place of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality:	Marital Status:	Country:
Weight (kg):	Height (cm):	Nearest Int. Airport:
Eye Color:	Hair Color:	Overall / Shoes:

#### 1.1 PERMANENT ADDRESS

Street / No.:

City/Post Code:

Province/Country:

#### 1.2 MAILING ADDRESS (If different of permanent)

Street / No.:

City/Post Code:

Province/Country:

### 2. FAMILY INFORMATION

#### 2.1 NEXT OF KIN

Full Name:	Relation:
Telephone:	Address / Str. #:
City:	Country:

### 3. EDUCATION HISTORY (Please fill up starting from highest degree)

Name of the School/University:	From (Year):
Qualification Degree / Speciality:	To (Year):
Name of the School/University:	From (Year):
Qualification Degree / Speciality:	To (Year):
Date of issuance of CoC (for cadets only):	Seatime required for CoC (for cadets only):

### 4. ADDITIONAL QUALIFICATIONS / COURSES

Qualification / Course:	When (Year):	Place:
Qualification / Course:	When (Year):	Place:
Qualification / Course:	When (Year):	Place:
Qualification / Course:	When (Year):	Place:
Qualification / Course:	When (Year):	Place:
Qualification / Course:	When (Year):	Place:

**5. LANGUAGES SKILLS**

**NATIVE LANGUAGE**

Language	Speaking	Reading	Writing
English			
German			
French			
Spanish			
Italian			
Russian			

**5.1 OTHER LANGUAGE (Please specify)**

Language	Speaking	Reading	Writing

**5.2 ENGLISH LEVEL CERTIFICATE**

	Score %	Date

**6. COMPUTER SKILLS**

**6.1 Computer Programs (Word, Excel, Outlook, PowerPoint, etc.)**

	Level

**6.2 Specific Systems/ Software you are familiar with (BASSnet, NS5, GL Manager, AMOS, ShipSure, Fidelio, IDEA, etc.)**


**7. TRAVEL DOCUMENTS & VACCINATIONS**

Note: If no expiry date is applicable please leave the box blank

Documents	Number	Issue Date	Expire Date	Issued By / At

**8. NATIONAL LICENSES (Certificates of Competence & Endorsement)**

Note: If no expiry date is applicable please leave the box blank

Grade	Number	Issue Date	Expire Date	Issued By / At

**9. FLAG STATE DOCUMENTS (Endorsement / Seaman's Book / Others)**

Type		Type		Type	
Country Issued		Country Issued		Country Issued	
Type		Type		Type	
Country Issued		Country Issued		Country Issued	
Type		Type		Type	
Country Issued		Country Issued		Country Issued	
Type		Type		Type	
Country Issued		Country Issued		Country Issued	
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Country Issued		Country Issued		Country Issued	
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Country Issued		Country Issued		Country Issued	
Type		Type		Type	
Country Issued		Country Issued		Country Issued	

**10. STCW & OTHER TRAININGS AND VERIFICATIONS**

Note: If no expiry date is applicable please leave the box blank

Courses & Certificates	Number	Issue Date	Expiry Date	Issued By / At

**11. OTHER CERTIFICATES concerning Deck & Engine Crew** Note: If no expiry date is applicable please leave the box blank

Courses & Certificates	Number	Issued Date	Expiry Date	Issued By / At

**11.1 ECDIS Type Specific Certificates** Note: If no expiry date is applicable please leave the box blank

Courses & Certificates	Number	Issued Date	Expiry Date	Issued By / At

**11.2 ME Main Engine Certificate (MAN B&W, Wartsila, etc.)** Note: If no expiry date is applicable please leave the box blank

Courses & Certificates	Number	Issued Date	Expiry Date	Issued By / At

**12. ADDITIONAL DOCUMENTS / Certificates/Courses (DP, BOSIET, HUET, FOET,H2S,MIST,IOSH,OERTM,etc.)**

Courses & Certificates	Number	Issued Date	Expiry Date	Issued By / At

**12.1 Other Visas (Australian (MCV 988), Australian (651 / 771) Chinese, etc.)** Note: If no expiry date is applicable please leave the box blank

Courses & Certificates	Number	Issued Date	Expiry Date	Issued By / At

**13. MEDICAL HISTORY**

Illness or Injury	Describe the Nature of Illness or Injury	Time Frame	Current Status

**14. SEA EXPERIENCE** (Starting from last contract)

Name of the Ship Owner/ Manager	Name of the Vessel	Type	Flag	Year of Built	GT	TEU's	Engine Type	KW	RANK	Sign On	Sign Off	Reason for Sign Off

## 15. REFERENCES FROM PREVIOUS EMPLOYERS

	Reference No. 1	Reference No. 2	Reference No. 3
Company Name			
Name of the Person to contact			
Position of the Person to contact			
Phone No.			
Email address			
Website of the Company			

## 16. ADDITIONAL

Additional Qualifications

Remarks

THE APPLICANT ACKNOWLEDGES THAT OLDENDORFF CARRIERS GMBH HAS THE RIGHT TO COLLECT, STORE AND PROCESS THE DATA INCLUDED IN THIS DOCUMENT, FOR THE PURPOSE OF POTENTIAL EMPLOYMENT ONLY. IT IS ALSO ACKNOWLEDGED THAT OLDENDORFF CARRIERS GMBH HAS THE RIGHT TO TRANSFER THE DATA INCLUDED TO CREW AGENCIES IN OR CLOSE TO THE PLACE OF THE APPLICANT'S RESIDENCY FOR THE SAME PURPOSE ONLY.



\_\_\_\_\_  
Seafarer's Signature

**DECLARATION:** I hereby declare that the above particulars are true and authorized you to contact the referees listed above.