

C 031A

APPLICATION FORM

PHOTO

APPLICATION FORM

RANK:		DATE:	
ΕΠΩΝΥΜΟ-SURNAME:		ΗΜΕΡ.ΓΕΝΝΗΣΕΩΣ-DATE OF BIRTH:	
ΟΝΟΜΑ-FIRST NAME:		ΤΟΠΟΣ ΓΕΝΝΗΣΕΩΣ-PLACE OF BIRTH:	
ΟΝΟΜΑ ΠΑΤΡΟΣ-FATHER'S NAME:			
ΟΝΟΜΑ ΜΗΤΡΟΣ-MOTHER'S NAME:		ΕΘΝΙΚΟΤΗΤΑ-NATIONALITY:	
ΝΑΥΤ.ΦΥΛ.-SEAMANS BOOK Nr.:		ΔΙΑΒΑΤΗΡΙΟ-PASSPORT No.:	
ΗΜΕΡ.ΕΚΔΟΣΕΩΣ-DATE OF ISSUE:		ΗΜΕΡ.ΕΚΔΟΣΕΩΣ-DATE OF ISSUE:	
ΗΜΕΡ.ΛΗΞΕΩΣ-DATE OF EXPIRE:		ΗΜΕΡ.ΛΗΞΕΩΣ-DATE OF EXPIRE:	
ΤΟΠΟΣ ΕΚΔΟΣΕΩΣ-PLACE OF ISSUE:		ΤΟΠΟΣ ΕΚΔΟΣΕΩΣ-PLACE OF ISSUE:	
ΚΑΤΟΙΚΙΑ(ΟΔΟΣ-ΠΟΛΗ-TAX.ΚΩΔ.)-RESIDENCE(STREET-CITY-ZIP CODE):		ΟΝΟΜΑ ΠΛΗΣΙΕΣΤΕΡΟΥ ΣΥΓΓΕΝΗ-NAME NEXT OF KIN	
ΤΗΛΕΦΩΝΟ-TEL.Nr.:		ΣΧΕΣΗ-RELATIONSHIP:	
ΚΙΝΗΤΟ-MOBILE TEL.Nr.:		ΔΙΕΥΘΥΝΣΗ-ADDRESS:	
ΔΙΑΜΟΝΗ ΠΡΟΣΩΡΙΝΗ-ADDRESS TEMP.:		ΤΗΛΕΦΩΝΟ-TEL.No.: ΚΙΝΗΤΟ-MOBILE TEL.Nr.:	
ΟΙΚΟΓΕΝΕΙΑΚΗ ΚΑΤΑΣΤΑΣΗ-MARITAL STATUS (married/single):		ΟΝΟΜΑ ΠΑΙΔΙΩΝ: 1) DOB:	
ΟΝΟΜΑ ΣΥΖΥΓΟΥ- SPOUSE'S NAME:		CHILDREN NAMES 2) DOB:	
		3) DOB:	
ΤΑΥΤΟΤΗΤΑ-IDENT.No.:		ΓΥΑΛΙΑ-GLASSES (YES/NO):	
ΗΜΕΡ.ΕΚΔ.-DATE OF ISSUE:		ΚΑΡΤΑ ΥΓΕΙΑΣ-MEDICAL CARD (YES/NO):	
ΤΟΠΟΣ ΕΚΔ.-PLACE OF ISSUE:		ΧΡΩΜΑ ΜΑΛΛΙΩΝ-HAIR COLOR:	
VISA USA NO. (YES/NO): DATE OF EXPIRY:		ΧΡΩΜΑ ΜΑΤΙΩΝ-EYE COLOR:	
ΑΦΜ-TAX.AUT.No.:		ΥΨΟΣ-HEIGHT:	
ΑΜΚΑ (GREEKS ONLY):		ΒΑΡΟΣ-WEIGHT:	
ΕΦΟΡΙΑ-TAX.AUTHORITY:		ΕΚΠΛ. ΣΤΡΑΤΙΩΤΙΚΩΝ ΥΠΟΘΕΣΕΩΝ / ARMY OBLIGATION:	
QUALIFICATIONS			
DIPLOMA	CLASS	No.:	DATE / PLACE OF ISSUE:
CERTIFICATES			
Life Saving&Fire Fighting Appliances STCW95	<input type="checkbox"/>	Automatic Radar Plotting Aids (ARPA)	<input type="checkbox"/>
Tanker familiarization course	<input type="checkbox"/>	Bridge Maneuvering Simulator(BMS)	<input type="checkbox"/>
Gas Tanker Safety (Tankerman VI-2)	<input type="checkbox"/> Expires:	Bridge Resource Management (BRM):	<input type="checkbox"/>
Gas Tanker Safety (Tankerman VI-1)	<input type="checkbox"/> Expires:	Engine Resource Management (ERM)	<input type="checkbox"/>
Medical Care	<input type="checkbox"/>	Engine Room Simulator (E.R.S.)	<input type="checkbox"/>
English	<input type="checkbox"/> Diploma:	ISPS Certificate:	<input type="checkbox"/>
		Ship Security Officer:	<input type="checkbox"/>
		ECDIS Generic	<input type="checkbox"/>
Engine Room Simulator (E.R.S.)		ECDIS Specific/ Type:	<input type="checkbox"/>
PENDINGS:			
OTHER TRAININGS / SEMINARS			
Training Organisation	Date	Training Organisation	Date
EDUCATION HISTORY			
Education	Date	Education	Date

<i>PREVIOUS SEA EXPERIENCE</i>								
TYPE	VESSEL'S NAME/DWT/FLAG	TYPE OF ENGINE (ENGINEERS ONLY)	RANK	SHIPPING Co./or AGENTS	FROM	TO	NO.OF MONTHS	REASON OF LEAVING

KNOWLEDGE ABOUT MARAN GAS MARITIME INC.

WHERE DID YOU LEARN ABOUT US?		
<input type="text"/> 1. MARINE ACADEMIES	<input type="text"/> 2. NEWSPAPER / MAGAZINE / ADVERTISEMENT	<input type="text"/> 3. COMPANY'S SEAFARERS
<input type="text"/> 4. COMPANY'S SHORE STAFF	<input type="text"/> 5. PREVIOUS EMPLOYER OF OUR COMPANY	<input type="text"/> 6. FRIENDS
<input type="text"/> 7. COMPANY'S WEBSITE	<input type="text"/> 8. OTHER WEBSITE (PLEASE SPECIFY)	<input type="text"/> 9. OTHER (PLEASE SPECIFY)

GENERAL INFORMATION:

<u>SEAMAN'S SIGNATURE</u>	<u>APPROVED BY</u>
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