

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:	
ΗΛ/ΚΗ Δ/ΝΣΗ- E-MAIL ADDRESS:		ΤΗΛΕΦΩΝΟ-TEL.No.: ΚΙΝΗΤΟ-MOBILE TEL.Nr.:	
ΔΙΑΜΟΝΗ ΠΡΟΣΩΡΙΝΗ-ADDRESS TEMP.:		ΟΝΟΜΑ ΠΑΙΔΙΩΝ: 1) DOB:	
ΟΙΚΟΓΕΝΕΙΑΚΗ ΚΑΤΑΣΤΑΣΗ-MARITAL STATUS (married/single):		CHILDREN NAMES 2) DOB:	
ΟΝΟΜΑ ΣΥΖΥΓΟΥ-WIFE'S NAME:		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:	
ΕΦΟΡΙΑ-TAX.AUTHORITY:		ΒΑΡΟΣ-WEIGHT:	
QUALIFICATIONS			
DIPLOMA	CLASS	No.:	DATE OF ISSUE:
CERTIFICATES			
Continued Proficiency & Updating of Knowledge	<input type="checkbox"/>	Expires:	General Operator Expires: <input type="checkbox"/>
Life Saving&Fire Fighting Appliances STCW95	<input type="checkbox"/>		Navigation Aids-Satellite Navigation –GPS-PC <input type="checkbox"/>
Tanker familiarization course	<input type="checkbox"/>		Automatic Radar Plotting Aids (ARPA) <input type="checkbox"/>
Oil Tanker Safety	<input type="checkbox"/>		Bridge Maneuvering Simulator(BMS) <input type="checkbox"/>
Tanker Safety (Tankerman V/I-2)	<input type="checkbox"/>	Expires:	Engine Simulator (E.S.) <input type="checkbox"/>
Tanker Safety (Tankerman V/I-1)	<input type="checkbox"/>	Expires:	Engine Resource Management (ERM) <input type="checkbox"/>
Crude Oil Washing (COW)	<input type="checkbox"/>		Hazardous Materials Certificate (HAZMAT) <input type="checkbox"/>
Chemical Safety Certificate	<input type="checkbox"/>		Hazardous Atmosphere Monitoring Certificate <input type="checkbox"/>
Medical Care	<input type="checkbox"/>		Nautical Electronic Instruments (NHO) <input type="checkbox"/>
English	<input type="checkbox"/>	Diploma:	ISPS Certificate <input type="checkbox"/>
PENDINGS:			
OTHER TRAININGS / SEMINARS			
Training Organisation	Date	Training Organisation	Date
EDUCATION HISTORY			
Education	Date	Education	Date

C 031A

APPLICATION FORM

PREVIOUS SEA EXPERIENCE

TYPE	VESSEL'S NAME/DWT/FLAG	TYPE OF ENGINE	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>