



O Form No. 6.6: Application for Employment

Periodicity: For Every Greek Seafarer, Execution: Crew Dept., Forwarding: Completed from Applicant,
Filing: Crew Dept. O File 6.5, Follow Up: Crew Dept.
Rev No: 5 / Rev Date: 17 June 2014

A. Personal Information

Position Desired		Date Available	
Full Name		Age	
Full Permanent Address		Area	
Telephone (landline)		Mobile	
Email Address		Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>	Spouse Name	
Children (names and no)		Age of children	
Father		Mother	
Place of Birth		Date of birth	
In case of an emergency please notify (contact person-relative, address and two telephone lines at least):			

Nationality			
Passport No		Valid Until	
Seaman Book No		Valid Until	
Rank		Sea service at the same rank (months)	
		Total Sea Service (months)	
English Knowledge		Oral, Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/>	
		Written, Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/>	
Other Languages			

B. CERTIFICATES

Greek License No. & Grade	Other Licenses (country, number and grade)

Certificate	Serial Number	Issued At	Expiry Date
Basic Safety			
STCW Certificate			
SSO			
SSO endorsement			
Medical Certificate			
Medical Care			
Medical First Aid			
Advanced Fire Fighting			



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C. EMPLOYMENT HISTORY (last five years)

Sea Service		Vessel Name	Company / Phone	Vessel Type	Engine Type	Rank	Sign off reason
From	To						

D. EXPERIENCE & SKILLS

1. Engine Room Type : Manned Unmanned
2. Engineering Skills : Electrical Electronics
3. Tool handling skills : Carpenter Painting Welding Piping
- 4.

Workshop experience	From		To		Workshop Name	
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Applicant (name, date & signature)

To be filled in by Crewing Manager

References obtained	
Comments	
Planned for M/V	
Agreed Salary	