

NAESS SHIPPING PHILIPPINES, INC. INFORMATION SHEET FOR SHIPBOARD EMPLOYMENT

Please attach
2" x 2"
Recent Photo

INSTRUCTION:

PRINT ALL ENTRIES CLEARLY. DATES SHOULD BE IN THE ORDER OF DAY/MONTH/YEAR (MONTH SHOULD BE IN TEXT FORMAT). FILL IN DATA COMPLETELY. ITEMS THAT ARE **NOT APPLICABLE** SHOULD BE MARKED AS **NA**.

1. POSITION APPLIED FOR:				
2. NAME (LAST)		2. NAME (FIRST)		2. NAME (MIDDLE)
3. ADDRESS 1:				
5. ADDRESS 2:				
7. BIRTHDATE:		8. BIRTH PLACE:		9. EMAIL:
11. T. I. N.	12. SSS NO.	13. PAGIBIG:	14. PHILHEALTH:	10. CIVIL STATUS:
16. BENEFICIARY:				
18. ADDRESS:				
20. ALLOTTEE:				
22. ADDRESS:				
24. CONTACT IN CASE OF EMERGENCY:				
26. ADDRESS:				
4. CEL. NO:				
6. TEL. NO:				
15. RELIGION:				
17. RELATIONSHIP:				
19. CEL. NO				
21. RELATIONSHIP:				
23. CEL. NO.				
25. RELATIONSHIP:				
27. CEL. NO.				

28. LICENSE - OFFICERS					29. General Operator Certificate (GOC)		
TYPE	LICENSE NO.	GRADE	ISSUED	EXPIRE	CERT. NO.	ISSUED	EXPIRE
PHILIPPINES							
FLAG STATE							

30. SEAFARER'S IDENTIFICATION and RECORD BOOK (SIRB)			
TYPE	SIRB NO.	DATE ISSUED	EXPIRE
PHILIPPINES			
FLAG STATE:			

31. STCW CERTIFICATE						
TESDA COC / MARINA	COP Certificate		ISSUED	COP Certificate		ISSUED
NUMBER:	BT			MECA		
ISSUED	PSCR B			BTFLGT		
EXPIRES	FRB			BTFOC		
LIMITATIONS, IF ANY	ATFF			ATFO		
	MEFA			ATFC		
				ATFLGT		
				STSDSD		

32. POEA DATA		
SRC NO.:	POEA RATING:	DATE ISSUED:

33. TRAVEL DATA		
PASSPORT NO.	PP ISSUED:	PP EXPIRATION:
U.S.A. VISA	VISA ISSUED:	VISA EXPIRATION:

34. EDUCATIONAL BACKGROUND		
SCHOOL ATTENDED	YEAR GRADUATED	DEGREE EARNED

35. SIZE of WORKING CLOTHING			
SHOES ____ In.	P A R K A <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	B O I L E R S U I T <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	
Weight:		BMI:	
Height:			

(See continuation at the back)

36. SHIPBOARD EXPERIENCE								
VESSEL	TYPE	FLAG	ENGINE MAKE / BHP	GRT	RANK	PERIOD COVERED		COMPANY / AGENCY
						FROM	TO	

37. TRAINING RECORD			
COURSE (S) TAKEN	TRAINING CENTER	CERTIFICATE NO.	DATE ISSUED

38. FAMILY DETAILS			
Married : No <input type="checkbox"/>		Yes <input type="checkbox"/>	
If yes, Wife's Name :		Date Married :	
Wife's Place/ DOB :			
No. of Children :		Please give their names and dates of birth.	
Name	DOB	Name	DOB
1)		4)	
2)		5)	
3)		6)	

I voluntarily give the company the right to make a thorough investigation of my past activities and release from all liabilities the parties supplying such information. The company may use this information in any manner it may wish. I consent to take all examinations the company requires. Falsification and/or misrepresentation shall be enough basis for my termination.

SIGNATURE OVER PRINTED NAME

DATE

NOTE: A.) ATTACH PHOTO COPY OF LICENSES/TRAINING CERTIFICATES
 B.) 1 PC 2" X 2" (LATEST) PICTURE
 C.) SERVICE CERTIFICATION (IF NEW APPLICANT) FROM PREVIOUS EMPLOYERS.