



APPLICATION FOR SEAGOING EMPLOYMENT

Confidential



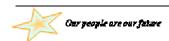
We guarantee an interview for anyone with a disability who meets the minimum criteria

RETURN TO:

HUMAN RESOURCES DEPARTMENT P&O FERRIES CHANNEL HOUSE CHANNEL VIEW ROAD DOVER, KENT, CT17 9TJ

PLEASE USE BLOCK CAPITALS

Position applied for:				
Date available for work:				
Surname:	Title: (delete as applicable)			
Forenames:	Mr/Mrs/Miss/Ms/Other			
Address:	Maiden Name (if applicable)			
	Marital Status:			
	National Insurance Numb	ber:		
Home Telephone Number:	Nationality:			
Mobile Telephone Number:	Place of Birth:			
Email address:				
You must be over the age of 18 to work onboard the ships. Pleas \Box I confirm that I am over the age of 18	se tick the box below to co	nfirm your eligibility.		
Name and Address of person to be contacted in an emergency:				
Relationship:	Telephone Number:			
Have you ever worked for this Company, PO Stena Line, P&O Eu Line, the P&O Group, Townsend Thoresen or any associated con through an agency		Yes/No (delete as applicable)		
Have you ever made an application for work with this Company	through a recruitment	Yes/No (delete as applicable)		
agency?				
If so, please give details of relevant dates, location and job title.				
Do you hold a current driving licence?		Yes/No (delete as applicable)		
Do you have your own transport?		Yes/No (delete as applicable)		
20 you have your own standpoint				
Do you have any relatives working for the company?		Yes/No (delete as applicable)		
If yes, please give details.				
If you have ever been convicted of any criminal offence(s) by either a civilian or military court please give details below, unless exempt under the Rehabilitation of Offenders Act 1974.				
		Yes/No (delete as applicable)		
If 'No' do you have the right to work in the UK and a current Work Permit?		Yes/No (delete as applicable)		
If 'Yes', please state the expiry date of your right to work in the UK and/or Work Permit				
Are you currently entitled to Statutory Parental leave?		Yes/No (delete as applicable)		
If 'Yes', please state how many weeks' leave you have already taken with a previous				
employer.				







Name of Educational Institution	From	То	Course taken Examination/Qualifications (state all grades obtained)

Statutory Seagoing Qualifications

Certificate of Competence	Country of Issue	Class (1,2,AB,EDH, Cook, etc)	Certificate Number	Valid until

Other Seagoing Qualifications

	Yes/No	Certificate Number/Serial Number	Date obtained
Basic Sea Survival/STCW '95 Personal Survival Techniques			
Lifeboat Certificate			
Proficiency in Survival Craft & Rescue Boats (other than fast rescue craft) (PSCRB)			
Fire Fighting: STCW'95 Fire Prevention & Fire Fighting STCW' 95 Advanced Fire Fighting			
First Aid at Sea/STCW'95 Medical First Aid aboard Ship			
ARPA			
GMDSS			
Current Discharge Book			
Other			
Other			
Do you have a current Department of Transport Medical Certificate? (Form ENG1) Yes/No (delete as applicable) If Yes, Date of Expiry			

Please provide details of any interests a	and hobbies:	

Have you ever been declared permanently unfit for sea service?	Yes/No (delete as applicable)
If yes, please give details.	

Employment will be subject to the applicant attending a Company Medical in order to attain a Medical Fitness Certificate in line with the Merchant Shipping (Medical Examination) Regulations 2002, demonstrating their medical fitness for the work for which they have applied.



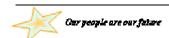




Employment History

Please provide details of your employment history in date order with your most recent employment first. Where a number of appointments were held under one employer details should be given. Please account for any gaps between periods of employment.

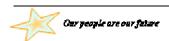
Employer Name and Address:	
Position held and dates:	
Reasons for leaving:	Salary:
Role, responsibility and achievement:	
Employer Name and Address:	
Position held and dates:	
Reasons for leaving:	Salary:
Role, responsibility and achievement:	,
Note, responsibility and demovement.	
Employer Name and Address:	
Position held and dates:	
Reasons for leaving:	Salary:
Role, responsibility and achievement:	
Employer Name and Address:	
Position held and dates:	
	Colomii
Reasons for leaving:.	Salary:
Role, responsibility and achievement:	
Employer Name and Address:	
Position held and dates:	
	Colom :
Reasons for leaving:	Salary:
Role, responsibility and achievement:	







Please use this space to indicate what experience and (continue on extra sheet if necessary).	abilities you have which are relevant to the post for which you have applied		
	References		
Please provide the names and address of two work re worked before, please give two who are capable of giving Reference 1:	eferees, one of which must be your most recent employer. If you have not a character reference (not a relative). Reference 2:		
Name:	Name:		
Position:	Position:		
Address/Email address:	Address/Email address:		
Employer/Character (delete as applicable)	Employer/Character (delete as applicable)		
	Declaration		
record for the successful candidate. The application for will then be securely destroyed. In signing this application processed for the purposes of arriving at a administration. I declare that the information I have given in this a discovered that any statement is false or misleading may be dismissed. I also understand that if unsatisfalse.	rill be used in the recruitment process and will form the basis of the personal of unsuccessful candidates will be retained for a period of three months; it ation form you are giving your permission for this information to be stored selection decision, and for the successful candidate, future personnel pplication form is true and complete. I understand that if it is subsequently in any way I am liable to have my application withdrawn or subsequently I actory references are received it may result in any offer of employment being		
withdrawn or my employment may be terminated.	Data		
Signed:	Date:		







Equal Opportunities

P&O Ferries is committed to Equal Opportunities in all aspects of its employment practices. This includes recruitment selection, training, promotion and career development.

The Company does not allow discrimination against employees or job applicants on the grounds of gender, race, colour ethnic or national origin, disability, religion, marital status, age or any other reason not justified, in law or otherwise relevant to the performance of the job.

Would you please assist in the monitoring of this policy by providing the details of yourself requested below.

Ethnic Origin			
Please tick the appropriate box			
□ White			Pakistani
☐ Black African			Bangladeshi
☐ Black Caribbean			Chinese
☐ Black Other, please specify			Other, please specify
☐ Indian			
Date of Birth//			
Gender			
Please tick the appropriate box			
☐ Female		Male	
Do you have a disability or any mental or physical impairment, which	has a	a substar	ntial or long-term adverse effect on your ability
to carry out normal day-to-day activities?			, ,
Please tick the appropriate box			
□ Yes			No
If yes, please give details			
If yes, would any modifications to the work place be required in order	to 20	sciet vou	at work?
If yes, would any modifications to the work place be required in order	to as	ssist you	at work:
□ Yes			No
If yes, please give details			

This information is for use by the Human Resources Department and will be detached from your application form prior to the start of the selection process

