

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: <small>(delete as applicable)</small>
Forenames:	Mr/Mrs/Miss/Ms/Other
Address:	Maiden Name <small>(if applicable)</small>
	Marital Status:
	National Insurance Number:
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. Please tick the box below to confirm your eligibility.

☐ *I confirm that I am over the age of 18*

Name and Address of person to be contacted in an emergency:

Relationship:	Telephone Number:
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Have you ever worked for this Company, PO Stena Line, P&O European Ferries, Stena Line, the P&O Group, Townsend Thoresen or any associated company, either directly or through an agency	Yes/No <small>(delete as applicable)</small>
Have you ever made an application for work with this Company through a recruitment agency?	Yes/No <small>(delete as applicable)</small>
If so, please give details of relevant dates, location and job title.	

Do you hold a current driving licence?	Yes/No <small>(delete as applicable)</small>
Do you have your own transport?	Yes/No <small>(delete as applicable)</small>

Do you have any relatives working for the company?	Yes/No <small>(delete as applicable)</small>
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.

Are you a British subject or a national of any EU Country?	Yes/No <small>(delete as applicable)</small>
If 'No' do you have the right to work in the UK and a current Work Permit?	Yes/No <small>(delete as applicable)</small>
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 <small>(delete as applicable)</small>
If 'Yes', please state how many weeks' leave you have already taken with a previous employer.	



Education and Qualifications

Name of Educational Institution	From	To	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 <small>(delete as applicable)</small> If Yes, Date of Expiry			

Please provide details of any interests 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:	

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Position held and dates:	
Reasons for leaving:	Salary:
Role, responsibility and achievement:	

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Position held and dates:	
Reasons for leaving:	Salary:
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Please use this space to indicate what experience and abilities you have which are relevant to the post for which you have applied (continue on extra sheet if necessary).

References

Please provide the names and address of two work referees, one of which must be your most recent employer. If you have not worked before, please give two who are capable of giving a character reference (not a relative).

Reference 1:	Reference 2:
Name:	Name:
Position:	Position:
Address/Email address:	Address/Email address:
Employer/Character <small>(delete as applicable)</small>	Employer/Character <small>(delete as applicable)</small>

Declaration

The information you have provided in this application will be used in the recruitment process and will form the basis of the personal record for the successful candidate. The application for of unsuccessful candidates will be retained for a period of three months; it will then be securely destroyed. In signing this application form you are giving your permission for this information to be stored and processed for the purposes of arriving at a selection decision, and for the successful candidate, future personnel administration.

I declare that the information I have given in this application form is true and complete. I understand that if it is subsequently discovered that any statement is false or misleading in any way I am liable to have my application withdrawn or subsequently I may be dismissed. I also understand that if unsatisfactory references are received it may result in any offer of employment being withdrawn or my employment may be terminated.

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

- | | |
|---|--|
| <input type="checkbox"/> White
<input type="checkbox"/> Black African
<input type="checkbox"/> Black Caribbean
<input type="checkbox"/> Black Other, please specify _____
<input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani
<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Chinese
<input type="checkbox"/> Other, please specify _____ |
|---|--|

Date of Birth ____/____/____

Gender

Please tick the appropriate box

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

Do you have a disability or any mental or physical impairment, which has a substantial or long-term adverse effect on your ability to carry out normal day-to-day activities?

Please tick the appropriate box

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, please give details

If yes, would any modifications to the work place be required in order to assist you at work?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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

