

Crew Bio-Data

HLM_Ver 2.0 (Apr-2013)

Date of Application

HEAVYLIFT MANILA, INC.

Email: info@heavylift-crewing.com

Facebook account : heavyliftmanila@yahoo.com

Position Applied

Alternative Position

Availability

Desired Salary

PERSONAL DETAILS

Last Name

First Name

Middle Name

Date

Month

Year

Place of Birth

Religion

Contact Address

Permanent Address

Gender

Marital Status

No. of Children

Height

Weight

CONTACT DETAILS

Phone No. 1

Mobile No. 1

E-mail

Phone No. 2

Mobile No. 2

Skype

Name of Wife

Date of Birth

Contact No.

Next of Kin

Relationship

Address:

TRAVEL DOCUMENTS

DOCUMENTS	DOCUMENT NO.	DATE ISSUED (DD-MM-YYYY)	VALIDITY (DD-MM-YYYY)	PLACE ISSUED
Passport				
Seaman's Book				
US Visa				
Seafarer's Registration Certificate #				

LICENSES / CERTIFICATES

DOCUMENTS	DOCUMENT NO.	DATE ISSUED (DD-MM-YYYY)	VALIDITY (DD-MM-YYYY)	PLACE ISSUED
Board License/ Certificate				
Certificate of Competency - Deck				
Certificate of Competency - Engine				
Certificate of Competency - Galley				
Endorsement Certificate				
GOC Certificate				

EDUCATIONAL ATTAINMENT

Highest Educational Attainment/ Special Course	Degree Obtained
Name of School	Year Graduated

SEA SERVICE

(Kindly complete details of your past and present Seagoing Work Experiences)

VESSEL NAME	RANK	FROM (DD-MM-YYYY)	TO (DD-MM-YYYY)	VESSEL TYPE	GRT	AGENCY	PRINCIPAL NAME	FLAG	NO. OF MONTHS

FLAGSTATE LICENSES / ENDORSEMENT

DOCUMENTS	DOCUMENT NO	DATE ISSUED (DD-MM-YYYY)	VALIDITY (DD-MM-YYYY)	PLACE ISSUED	CAPACITY

FLAGSTATE SEAFARER'S BOOK

DOCUMENTS	DOCUMENT NO	DATE ISSUED (DD-MM-YYYY)	VALIDITY (DD-MM-YYYY)	PLACE ISSUED	CAPACITY

SSS #	<input type="text"/>	Phil Health #	<input type="text"/>	Pag-ibig #	<input type="text"/>
Size of Coverall	<input type="text"/>	Size of Parka Jacket	<input type="text"/>	Size of Safety Shoes	<input type="text"/>

Result of Exam:

INTERVIEW:

<p><u>General</u></p> <p>Physical Condition:</p> <p>English Language:</p> <p>Future Career:</p> <p><u>Job Experience</u></p> <p>Experience in watchkeeping:</p> <p>ECDIS experience :</p> <p><u>Others</u></p> <p>Use of Alcohol:</p> <p>cleanliness cabin & accomodation facilities and vessel:</p> <p>wearing safe clothes and shoes:</p>

REMARKS:

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Interview by	<input type="text"/>
Recommended by	<input type="text"/>

Date	<input type="text"/>
Apply via	<input type="text"/>

VERIFICATION:

Company	<input type="text"/>	Vessel Name	<input type="text"/>
Performance	<input type="text"/>	Conduct	<input type="text"/> <input type="text" value="Medical"/> <input type="text"/>
Remarks	<input type="text"/>		
Conforme	<input type="text"/>	Position	<input type="text"/>
Verified by	<input type="text"/>	Date	<input type="text"/>