



CREW APPLICATION FORM

PERSONAL INFORMATION

Date : _____

Surname :	Middle name :	First name :																																	
Date of birth (dd/mm/yyyy):	Place of birth:	Nationality :																																	
Height (m):	Weight* :	Sex: <input type="checkbox"/> male <input type="checkbox"/> female																																	
Visible distinguishing marks (tattoos, earrings, etc.)* :																																			
Mobile tel. (incl. country code):		E-mail address:																																	
Home address:																																			
Passport no:	Date and place of issue:	Expiry date:																																	
Visas B1/B2/Schengen (enter expiry date):																																			
Person to be contacted in case of emergency (address and telephone number):																																			
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Languages</th> <th style="text-align: center;">Basic</th> <th style="text-align: center;">Convers.</th> <th style="text-align: center;">Fluent</th> <th style="width: 20px;"></th> <th style="text-align: center;">Basic</th> <th style="text-align: center;">Convers.</th> <th style="text-align: center;">Fluent</th> </tr> </thead> <tbody> <tr> <td>English</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>French</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Italian</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Languages	Basic	Convers.	Fluent		Basic	Convers.	Fluent	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
Computer literate <input type="checkbox"/> yes <input type="checkbox"/> no		Programs _____																																	
Smoker <input type="checkbox"/> yes <input type="checkbox"/> no		Drinker <input type="checkbox"/> yes <input type="checkbox"/> no																																	
Which position are you applying for? _____ _____ _____																																			
From which date will you be available?																																			
Do you wish to work in couple? <input type="checkbox"/> yes <input type="checkbox"/> no																																			
If yes, please state name and first name of your partner: _____																																			
Minimum monthly salary requirements (state currency):																																			

 Name: _____
(enter name)

GENERAL QUALIFICATIONS

- | | |
|---|---|
| <input type="checkbox"/> STCW 95 Basic Safety Training | <input type="checkbox"/> Certificate of Medical Fitness (ENG 1) |
| <input type="checkbox"/> Crowd Management | <input type="checkbox"/> First aid at Sea |
| <input type="checkbox"/> Human behaviour and Crisis Management | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Advanced fire-fighting | <input type="checkbox"/> ARPA |
| <input type="checkbox"/> Survival Craft & Rescue Boats | <input type="checkbox"/> ISPS Shipboard Security officer |
| <input type="checkbox"/> Fast rescue boats | <input type="checkbox"/> ECDIS |
| <input type="checkbox"/> Jet ski instructor | <input type="checkbox"/> GMDSS GOC |
| <input type="checkbox"/> PADI Diver | |
| <input type="checkbox"/> Driving license (incl. country of issue) _____ | |
| <input type="checkbox"/> Other _____ | |

DECK DEPARTMENT

- | |
|---|
| <input type="checkbox"/> Yacht Master Offshore RYA/DTp |
| <input type="checkbox"/> Yacht Master Ocean RYA/DTp |
| <input type="checkbox"/> Ratings of navigational watch |
| <input type="checkbox"/> OOW, STCW 95 |
| <input type="checkbox"/> Masters (vessels <200GT) |
| <input type="checkbox"/> Masters (vessels <500GT) |
| <input type="checkbox"/> Masters (vessels <3000GT) |
| <input type="checkbox"/> Masters unlimited |
| <input type="checkbox"/> Other (CEC, Flag Endorsement etc.) _____ |
| Issuing authority _____ Date _____ |

ENGINE DEPARTMENT

- | | | |
|--|--------------------------------|-------------------------------|
| <input type="checkbox"/> AEC | <input type="checkbox"/> SMEOL | <input type="checkbox"/> MEOL |
| <input type="checkbox"/> Ratings part of engineering watch | | |
| <input type="checkbox"/> Officer for engineering watch (ships >750 kW) | | |
| <input type="checkbox"/> Chief and 2 nd Engineer (ships >3000 kW) | | |
| <input type="checkbox"/> Chief and 2 nd Engineer (ships <3000 kW) | | |
| <input type="checkbox"/> Other _____ | | |
| Issuing authority _____ Date _____ | | |

Name: _____
(enter name)

INTERIOR DEPARTMENT (1=no experience 2=basic 3=advanced)

1	2	3		1	2	3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospitality training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bartending / cocktails
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flower arranging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Massage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silver service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wine knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nanny
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

GALLEY SECTION

<input type="checkbox"/> Public Health/Hygiene Qualifications <input type="checkbox"/> Other qualifications / Certificates (please state duration of course) : _____ _____ _____ _____																																											
Style of cuisine (1=basic 2=experienced): <table border="0"> <thead> <tr> <th>1</th> <th>2</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>French</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Italian</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Chinese</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Japanese</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Kosher</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Middle Eastern</td> </tr> </tbody> </table>	1	2		<input type="checkbox"/>	<input type="checkbox"/>	French	<input type="checkbox"/>	<input type="checkbox"/>	Italian	<input type="checkbox"/>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	<input type="checkbox"/>	Kosher	<input type="checkbox"/>	<input type="checkbox"/>	Middle Eastern	Style of cuisine (1=basic 2=experienced): <table border="0"> <thead> <tr> <th>1</th> <th>2</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Vegetarian</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pastry/Bakery</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Cold Panty</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Asian</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Others _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Others _____</td> </tr> </tbody> </table>	1	2		<input type="checkbox"/>	<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	<input type="checkbox"/>	Pastry/Bakery	<input type="checkbox"/>	<input type="checkbox"/>	Cold Panty	<input type="checkbox"/>	<input type="checkbox"/>	Asian	<input type="checkbox"/>	<input type="checkbox"/>	Others _____	<input type="checkbox"/>	<input type="checkbox"/>	Others _____
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Name: _____
(enter name)

Employment History (please, state latest position)

From/To	Position	Yacht (incl. LoA, GRT, kW)/Company
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

References (please, state latest three references with contact details)

Name	Position	Contact details
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Remarks

- *The data provided will be only used by AM Charter Management for the purpose of possible recruitment.*
- *Questions marked with an asterisk (*) can be answered on a voluntary basis and are not compulsory for recruitment.*

With my signature I confirm, that the data provided above is to my best knowledge and accurate.

Date and place

Signature of crewmember
