

## SMT APPLICATION FORM

Please send this application form to: [recruitment.desk@smtshipping.com](mailto:recruitment.desk@smtshipping.com)

### PERSONAL DETAILS

RANK APPLIED FOR:

READY FROM:

LAST NAME:

FIRST NAME:

CITZENSHIP:

DATE OF BIRTH:

PLACE OF BIRTH: .....

NEAREST AIRPORT:



Please attach ID photo in space above

### SPECIAL FEATURES

HEIGHT (CM):

WEIGHT (KG):

OVERALL SIZE (EUR):

SHOE SIZE (EUR): .....

### PERMANENT ADDRESS

ADDRESS:

COUNTRY:

CITY:

ZIP CODE:

MOBILE:

EMAIL:

### TEMPORARY ADDRESS

ADDRESS:

COUNTRY:

CITY:

ZIP CODE:

### NEXT OF KIN

NAME AND SURNAME:

EMAIL:

RELATION:

MOBILE:

### IDENTITY DOCUMENTS/VISAS

#### NATIONAL PASSPORT

PASSPORT COUNTRY:

PASSPORT NUMBER:

PASSPORT ISSUED:

PASSPORT EXPIRY:

#### NATIONAL PASSPORT

PASSPORT COUNTRY:

PASSPORT NUMBER:

PASSPORT ISSUED:

PASSPORT EXPIRY:

## IDENTITY DOCUMENTS/VISAS CONTINUED

### NATIONAL SEAMAN'S BOOK

SEAMAN'S COUNTRY:

SEAMAN'S NUMBER:

SEAMAN'S ISSUED:

SEAMAN'S EXPIRY:

### SID / SEAMAN'S PASSPORT

SID COUNTRY:

SID NUMBER:

SID ISSUED:

SID EXPIRY:

### FLAG STATE SEAMAN'S BOOK

FLAG STATE COUNTRY:

FLAG STATE NUMBER:

FLAG STATE ISSUED:

FLAG STATE EXPIRY:

### FLAG STATE SEAMAN'S BOOK

FLAG STATE COUNTRY:

FLAG STATE NUMBER:

FLAG STATE ISSUED:

FLAG STATE EXPIRY:

### US VISA

TYPE:

ISSUED:

EXPIRY:

### US VISA

TYPE:

ISSUED:

EXPIRY:

### SCHENGEN VISA

COUNTRY:

ISSUED:

EXPIRY:

### OTHER VISAS

COUNTRY:

ISSUED:

EXPIRY:

## LANGUAGES AND TESTS

### ENGLISH:

NONE

BASIC

FAIR

FLUENT

### OTHER LANGUAGE:

BASIC

FAIR

FLUENT

### OTHER LANGUAGE:

BASIC

FAIR

FLUENT

### MARLINS CERTIFICATE:

SCORE:

ISSUED BY:

ISSUED DATE:

EXPIRY DATE:

## MEDICAL CERTIFICATES

### HEALTH CERTIFICATE:

ISSUED: EXPIRY: ISSUED BY:

### DENTAL EXAMINATION:

ISSUED: EXPIRY: ISSUED BY:

### YELLOW FEVER VACCINATION:

ISSUED: EXPIRY: ISSUED BY:

### COVID-19 VACCINATIONS:

ISSUED: EXPIRY: ISSUED BY:

## PREVIOUS EMPLOYER'S DETAILS FOR REFERENCES

COMPANY NAME: PERSON IN CHARGE: TELEPHONE: EMAIL:

I agree that SMT Shipping contacts my previous employers for the purpose of references:

YES:

NO:

Please note that the completion of this form does not guarantee employment.

## QUALIFICATIONS

### CERTIFICATE OF COMPETENCY:

|                   |              |
|-------------------|--------------|
| COUNTRY OF ISSUE: | NUMBER:      |
| ISSUED DATE:      | EXIPRY DATE: |

### ENDORSEMENT OF COC:

|                   |              |
|-------------------|--------------|
| COUNTRY OF ISSUE: | NUMBER:      |
| ISSUED DATE:      | EXIPRY DATE: |

### ENDORSEMENT OF COC:

|                   |              |
|-------------------|--------------|
| COUNTRY OF ISSUE: | NUMBER:      |
| ISSUED DATE:      | EXIPRY DATE: |

### CERTIFICATE OF COMPETENCY (in case of possessing additional CoC):

|                   |              |
|-------------------|--------------|
| COUNTRY OF ISSUE: | NUMBER:      |
| ISSUED DATE:      | EXIPRY DATE: |

### ENDORSEMENT OF COC:

|                   |              |
|-------------------|--------------|
| COUNTRY OF ISSUE: | NUMBER:      |
| ISSUED DATE:      | EXIPRY DATE: |

### ENDORSEMENT OF COC:

|                   |              |
|-------------------|--------------|
| COUNTRY OF ISSUE: | NUMBER:      |
| ISSUED DATE:      | EXIPRY DATE: |

## CERTIFICATES

### PERSONAL SURVIVAL TECHNIQUES (PST):

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

### ELEMENTARY FIRST AID:

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

### PERSONAL SAFETY AND SOCIAL RESPONSIBILITY (PSSR):

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

### BASIC FIRE FIGHTING:

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

### SHIP SECURITY AWARENESS (SSA):

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

## CERTIFICATES CONTINUED

### SSA WITH DESIGNATED DUTIES:

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

### SHIP SECURITY OFFICER (SSO):

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

### MEDICAL FIRST AID:

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

### MEDICAL CARE:

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

### ADVANCED FIRE FIGHTING:

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

### SURVIVAL CRAFT OTHER THAN FAST RESCUE BOAT (PSCRB):

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

### FAST RESCUE BOAT:

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

### GMDSS NATIONAL:

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

### GMDSS ENDORSEMENT:

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

### ARPA:

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

### ECDIS GENERIC:

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

|                        |  |                      |
|------------------------|--|----------------------|
| <b>ECDIS SPECIFIC:</b> |  | ECDIS SPECIFIC TYPE: |
|------------------------|--|----------------------|

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

|                        |  |                      |
|------------------------|--|----------------------|
| <b>ECDIS SPECIFIC:</b> |  | ECDIS SPECIFIC TYPE: |
|------------------------|--|----------------------|

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

### HIGH VOLTAGE 1 kV:

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

### OTHER:

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

### OTHER:

|         |             |              |
|---------|-------------|--------------|
| NUMBER: | ISSUE DATE: | EXPIRY DATE: |
|---------|-------------|--------------|

**EDUCATIONAL BACKGROUND**

NAME OF INSTITUTION

OBTAINED GRADUATION  
DEGREE:

START DATE:

END DATE:

**ADDITIONAL QUALIFICATIONS****CRANES:**

ISSUED BY:

NUMBER:

ISSUE DATE:

EXPIRY DATE:

**PAYLOADERS:**

ISSUED BY:

NUMBER:

ISSUE DATE:

EXPIRY DATE:

**EXCAVATORS:**

ISSUED BY:

NUMBER:

ISSUE DATE:

EXPIRY DATE:

**WELDING:**

ISSUED BY:

NUMBER:

ISSUE DATE:

EXPIRY DATE:

**HYDRAULIC:**

ISSUED BY:

NUMBER:

ISSUE DATE:

EXPIRY DATE:

**TURNING / THREADING / CUTTING:**

ISSUED BY:

NUMBER:

ISSUE DATE:

EXPIRY DATE:

**OTHER:**

TYPE:

ISSUED BY:

NUMBER:

ISSUE DATE:

EXPIRY DATE:

**OTHER:**

TYPE:

ISSUED BY:

NUMBER:

ISSUE DATE:

EXPIRY DATE:

## EXPERIENCE

SEA SERVICE (Complete sea service record for at least last 5 years starting with the latest first)

| NAME OF VESSEL | FLAG<br>YEAR BUILT | SHIP'S TYPE<br>DWT | ME TYPE<br>HP | MANAGEMENT COMPANY<br>CREW AGENT | RANK | FROM - TO<br>(YYYY.MM.DD) | LENGHT<br>OF<br>CONTRACT |
|----------------|--------------------|--------------------|---------------|----------------------------------|------|---------------------------|--------------------------|
| 1              | _____              | _____              | _____         |                                  |      | _____                     |                          |
| 2              | _____              | _____              | _____         |                                  |      | _____                     |                          |
| 3              | _____              | _____              | _____         |                                  |      | _____                     |                          |
| 4              | _____              | _____              | _____         |                                  |      | _____                     |                          |
| 5              | _____              | _____              | _____         |                                  |      | _____                     |                          |
| 6              | _____              | _____              | _____         |                                  |      | _____                     |                          |
| 7              | _____              | _____              | _____         |                                  |      | _____                     |                          |
| 8              | _____              | _____              | _____         |                                  |      | _____                     |                          |

CARGOES WORKED WITH:

AUTOMATION AND CONTROL ELECTRONIC SYSTEMS WORKED WITH (applicable for Engineers only):

PREVIOUS SHORE EXPERIENCE

EXPECTED WAGE (EUR/USD)

I acknowledge and agree that my personal data (including health and medical data) are processed by SMT Shipping in order to evaluate my appropriateness for available job positions.

I herewith certify that the above information is true and accurate to the best of my ability. All mentioned data has never been fabricated.

DATE:

PLACE:

SIGNATURE:

SMT Shipping (Cyprus) Ltd., takes the protection of personnel data very seriously and complies with data protection laws in those countries where we operate, including the EU General Data Protection Regulations (GDPR). In general terms this means that we will only obtain information on you lawfully and in accordance with the GDPR, either from you or your referees. We will tell you with whom we will share this information; why we need to share it; and for how long we will retain this information. You, the applicant, have a number of rights such as a right of access to your data; a right to correct errors in the data which we hold and in certain circumstances the right to erase data or object to it being processed. These rights are very important and we therefore recommend that you read our full data protection notice by clicking on the following link [www.smtshipping.com/en/about-us/data-privacy-policy/](http://www.smtshipping.com/en/about-us/data-privacy-policy/)

To raise any concern about handling of your Personal data please contact **[GDPR@smtshipping.com](mailto:GDPR@smtshipping.com)**

# SMT