



EMPLOYMENT APPLICATION FORM
FOR CREW APPLICANTS (SEA BASED) 012725

DATE : _____

POSITION APPLIED FOR

1st Choice _____
2nd Choice _____

PASTE
PHOTO
HERE
(2X2)

LAST NAME	
FIRST NAME	
MIDDLE NAME	
NICKNAME	MOBILE NO.

Where did you learn about the company?

- ☐ Agency _____
☐ Walk-in ☐ Website
☐ Facebook ☐ Referral by: _____
☐ Job Fair ☐ Others (Pls. Specify): _____

MARINA MISMO ACCOUNT NO.

TIN NO.	SSS NO.	PAG-IBIG NO.	PHILHEALTH NO.
ADDRESS IN MANILA		_____ RENTED _____ OWNED	PHONE NO./MOBILE NO.
Street/Village		City Province	(Home)
PROVINCIAL ADDRESS		_____ RENTED _____ OWNED	PHONE NO./MOBILE NO.
Street/Village		City Province	(Home)
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	E-MAIL	BIRTH PLACE
BIRTHDATE (MM-DD-YYYY)	AGE	LANGUAGES / DIALECTS SPOKEN	RELIGION
FACEBOOK ACCOUNT NAME	FACEBOOK PROFILE PICTURE	MESSENGER ACCOUNT	OTHER SOCIAL MEDIA ACCTS
HEIGHT	WEIGHT	CLOTHING SIZE	SHOE SIZE

PERSON TO CONTACT IN CASE OF EMERGENCY

NAME	RELATION
COMPLETE ADDRESS	
MOBILE NUMBERS (declare all)	FACEBOOK ACCOUNT/MESSENGER ACCOUNT

FAMILY INFORMATION	NAME	OCCUPATION	MOBILE NO.	AGE
SPOUSE				
FATHER				
MOTHER				
SIBLINGS	1.			
	2.			
	3.			
	4.			
	5.			
CHILDREN Number of children:	1.			
	2.			
	3.			
	4.			
	5.			

SCHOLASTIC RECORDS	COURSE/DEGREE/ MAJOR	UNIVERSITY/COLLEGE/ SCHOOL	DATE (month/year) FROM - TO	AWARDS/HONORS RECEIVED
GRADUATE STUDIES/ CERTIFICATE COURSE				
COLLEGE				
VOCATIONAL/TRADE COURSES				
HIGH SCHOOL				

SEAMAN DETAILS

DOCUMENTS	Number	Place Issued	Issued Date (mm/dd/yy)	Expiry Date (mm/dd/yy)
SEAMAN BOOK				
SRC				
MARINA LIC				
D-COC				
NBI CLEARANCE				

PAST OR PRESENT AFFILIATIONS with any CLUB/SOCIETY/TRADE/PROFESSIONAL ORG	DATE	POSITION

SPECIAL SKILLS

CHECK APPROPRIATE BOX	YES	NO	
Do you have any pending application for immigrant or working visa?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, specify which country and brief details?
Have you ever applied with us before?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please indicate for what position and when:
Are you related or acquainted with any person currently or previously employed with us?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please give complete name and relationship:
Are you an ex-crew to any of the following vessels (MT GIRONA; MT JOY120 ;MT JOY300 ; MT ANDRINA200 ; MT YSABEL100?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please specify.
Have you ever been the object of a written complaint filed with/by previous employer and/or any government office due to misconduct and insubordination?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please give details:
Have you been terminated or dismissed by any of your previous Employer/s?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please give details:
Have you ever been convicted or have any pending criminal, civil, labor or administrative case?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please give details:
Do you have pre-existing illnesses, ailments?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please give details:
Do you have maintenance medications or supplements?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please give details:
Have you ever been seriously injured or ill?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please give details:
Are you a member of any labor organization/union?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please give details:
Do you have pending labor/civil/criminal cases?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please give details:

CHARACTER REFERENCES (Please give 3 references known to you for at least three (3) years.)

NAME	POSITION & COMPANY	CONTACT DETAILS	NO. OF YEARS KNOWN
1.			
2.			
3.			

ESSAY

Why would you like to be employed with us?

Why should we consider you for the position?

RESIDENCE VICINITY MAP for PROVINCIAL ADDRESS

Please draw a vicinity residence map. Indicate names of major landmarks and streets. Draw a box with an “X” to indicate the place where you live.

BANK DETAILS

ACCOUNT NAME	BANK	BANK BRANCH	ACCOUNT NUMBER	NOTES

SEA SERVICE DETAILS – SEE SEPARATE PAGE (to fill out)

DECLARATION

I, the undersigned, certify that the statement made by me herewith is complete and true to the best of my knowledge and belief. I understand that any willful misstatement or failure to disclose material information asked for on this form renders me liable. The company may conduct investigations including verification of current and prior employment history, education and personal legal background. Any false declaration or fraud can be reason or ground for termination of employment.

Signature over Printed Name

Date Signed