

SUN ENTERPRISES LTD.	INTEGRATED MANAGEMENT SYSTEM MANUAL		Issue No.:	1
	IMS - PART B FORMS MANUAL CHAPTER 2		Issue Date.:	01/08/2019
	CR 030	Cadets Application form	Rev.No.:	0
			Rev.Date.:	

DECK PERSONEL	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ENGINE PERSONEL	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PHOTO

APPLICATION FORM

A. PERSONAL DATA / DOCUMENTATION									
Position to Apply for						Date:			
Surname			First Name						
Date of Birth		Place of Birth		Nationality					
Address									
Phones		Home:		Mobile:		Other:			
Father's Name				Mother's Name					
Marital Status		Children:		<input type="checkbox"/> Yes <input type="checkbox"/> No		No. of Children Below 18 yrs. Old			
Next of Kin				Relationship					
Address						Phones			
AΦM Greek						email address			
Seaman's Book. No.		Date of Issue		Place of Issue					
Passport No.		Date of Issue		Place of Issue					
Other's S.Book No.		Date of Issue		Place of Issue					
USA Visa		TYPE:		Date of Issue		Date of Validity			
Yellow Fever Vaccination:				Date of Issue		Date of Validity			
Certificate (License) STCW 1995				Date of Issue		Date of Validity			
STCW 95 V-1/2 Tankerman Certificate				Date of Issue		Date of Validity			
Advance Chemical Tankers included				<input type="checkbox"/> Yes <input type="checkbox"/> No		Remarks:			
English Ability		<input type="checkbox"/> VERY GOOD		<input type="checkbox"/> GOOD		<input type="checkbox"/> FAIR		<input type="checkbox"/> POOR	
Distinctive Marks		Height (cm)		Weight (kg)		Others			

B. TRAINING

DOCUMENTS	YES	NO	REMARKS
BRIDGE SIMULATOR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
BRM / BTM	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ISPS (SSO)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ECDIS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SAFETY OFFICER	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CARGO HANDLING	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ISO 9001 / ISO 14001	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
OHSAS 18001	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
OTHERS (state)			

C. TRAINING NEEDS	TARGET DATE

D. UNIVERSITY EDUCATION :	
CERTIFICATE'S AUTHENTICITY CHECK	
1.By company Crewing Department	
2.By manning Agent	

E. PREVIOUS SEA SERVICE (Last five)

VESSEL'S NAME / TYPE	ENGINE TYPE	DWT	RANK	SIGN ON (dd/mm/yy)	SIGN OFF (dd/mm/yy)	COMPANY	Cause of Discharge

F. LAST COMPANY PHONE NR.		PERSON IN CHARGE	
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Reference:

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