



AGENCY **InterLand** GDYNIA

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Photo

|                                |  |                        |  |                                 |  |  |  |                     |  |                |  |
|--------------------------------|--|------------------------|--|---------------------------------|--|--|--|---------------------|--|----------------|--|
| APPLICATION FOR POSITION AS    |  | <b>MASTER TUG/AHTS</b> |  | OTHER POSITION (IF ANY)         |  |  |  |                     |  |                |  |
| <b>1. PERSONAL DETAILS</b>     |  |                        |  |                                 |  |  |  |                     |  |                |  |
| TITLE MR/MRS/MISS              |  | MR                     |  | SEX                             |  | MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> |  |                     |  |                |  |
| SURNAME                        |  |                        |  |                                 |  |  |  |                     |  |                |  |
| FIRST NAME                     |  |                        |  | OTHERS NAMES                    |  |  |  |                     |  |                |  |
| DATE OF BIRTH                  |  |                        |  | PLACE OF BIRTH                  |  |  |  |                     |  |                |  |
| NATIONALITY                    |  |                        |  | MARITAL STATUS                  |  |  |  |                     |  |                |  |
| COLOUR OF EYES                 |  |                        |  | COLOUR OF HAIR                  |  |  |  |                     |  |                |  |
| MOTHER'S NAME                  |  |                        |  | FATHER'S NAME                   |  |  |  |                     |  |                |  |
| MOTHER'S MAIDEN NAME           |  |                        |  |                                 |  |  |  |                     |  |                |  |
| HEIGHT (CM)                    |  |                        |  | WEIGHT (KG)                     |  |  |  |                     |  |                |  |
| NEAREST INTERNATIONAL AIRPORT: |  |                        |  |                                 |  |  |  |                     |  |                |  |
| <b>2. ADDRESS</b>              |  |                        |  | <b>ADDRESS (TEMP.) FROM/TO:</b> |  | N/A  |  |                     |  |                |  |
| NO & STREET                    |  |                        |  | NO & STREET                     |  |  |  |                     |  |                |  |
| CITY                           |  |                        |  | CITY                            |  |  |  |                     |  |                |  |
| POST. CODE                     |  |                        |  | POST CODE                       |  |  |  |                     |  |                |  |
| COUNTRY                        |  |                        |  | COUNTRY                         |  |  |  |                     |  |                |  |
| PHONE. NO.                     |  |                        |  | PHONE NO.                       |  |  |  |                     |  |                |  |
| MOBILE                         |  |                        |  | MOBILE                          |  |  |  |                     |  |                |  |
| E-MAIL                         |  |                        |  | E-MAIL                          |  |  |  |                     |  |                |  |
| FAX                            |  |                        |  | FAX                             |  |  |  |                     |  |                |  |
| <b>3. NEXT OF KIN</b>          |  |                        |  |                                 |  |  |  |                     |  |                |  |
| FULL NAME                      |  |                        |  | RELATIONSHIP                    |  |  |  |                     |  |                |  |
| ADDRESS                        |  |                        |  |                                 |  |  |  |                     |  |                |  |
| CITY                           |  |                        |  | COUNTRY                         |  |  |  |                     |  |                |  |
| PHONE. NO.                     |  |                        |  | MOBILE                          |  |  |  |                     |  |                |  |
|                                |  |                        |  | FAX NO.                         |  |  |  |                     |  |                |  |
| <b>4. CHILDREN</b>             |  |                        |  |                                 |  |  |  |                     |  |                |  |
| NAME OF CHILD                  |  |                        |  | DATE OF BIRTH                   |  | SEX  |  |                     |  |                |  |
|                                |  |                        |  |                                 |  | M <input type="checkbox"/> F <input type="checkbox"/>                    |  |                     |  |                |  |
|                                |  |                        |  |                                 |  | M <input type="checkbox"/> F <input type="checkbox"/>                    |  |                     |  |                |  |
|                                |  |                        |  |                                 |  | M <input type="checkbox"/> F <input type="checkbox"/>                    |  |                     |  |                |  |
| <b>5. TRAVEL DOCUMENTS</b>     |  |                        |  |                                 |  |  |  |                     |  |                |  |
| TYPE                           |  | DOCUMENT NO.           |  | ISS. DATE                       |  | EXP. DATE  |  | ISS. BY (AUTHORITY) |  | PLACE OF ISSUE |  |
| PASSPORT                       |  |                        |  |                                 |  |  |  |                     |  |                |  |
| SEAMAN BOOK                    |  |                        |  |                                 |  |  |  |                     |  |                |  |
| OTHER SEAMAN BOOK              |  |                        |  |                                 |  |  |  |                     |  |                |  |
| US C1/D VISA                   |  |                        |  |                                 |  |  |  |                     |  |                |  |
| OTHER VISAS                    |  |                        |  |                                 |  |  |  |                     |  |                |  |

| 6. BANK ACCOUNT INFORMATION                               |        |                          |              |                          |                       |                          |           |                          |  |
|---|--------|--------------------------|--------------|--------------------------|-----------------------|--------------------------|-----------|--------------------------|--|
| BANK NAME   |        |                          |              |                          |                       | BRANCH                   |           |                          |  |
| BANK ADDRESS  |        |                          |              |                          |                       |                          |           |                          |  |
| CITY  |        |                          |              |                          |                       | COUNTRY                  |           |                          |  |
| SORT CODE   |        |                          | ACCOUNT NO   |                          |                       |                          |           |                          |  |
| BANK SWIFT CODE   |        |                          | BANK TEL. NO |                          |                       |                          |           |                          |  |
| ACCOUNT OWNER'S NAME                                      |        |                          |              |                          |                       |                          |           |                          |  |
| ACCOUNT OWNER'S ADDRESS                                   |        |                          |              |                          |                       |                          |           |                          |  |
| 7. EDUCATION  |        |                          |              |                          |                       |                          |           |                          |  |
| SCHOOL NAME   |        |                          |              |                          | FROM                  |                          | TO        |                          |  |
| SCHOOL NAME   |        |                          |              |                          | FROM                  |                          | TO        |                          |  |
| 8. PROFESSIONAL QUALIFICATION / CERTIFICATE OF COMPETENCY |        |                          |              |                          |                       |                          |           |                          |  |
| CERTIFICATE NAME  |        | NUMBER                   | ISSUE DATE   | EXPIRY DATE              | ISSUED BY (AUTHORITY) |                          | ISSUED AT |                          |  |
|   |        |                          |              |                          |                       |                          |           |                          |  |
|   |        |                          |              |                          |                       |                          |           |                          |  |
|   |        |                          |              |                          |                       |                          |           |                          |  |
| DANGEROUS CARGO ENDORSEMENT                               |        | NUMBER                   |              | ISSUE DATE               |                       | EXPIRY DATE              |           |                          |  |
|   |        |                          |              |                          |                       |                          |           |                          |  |
| L   |        |                          |              |                          |                       |                          |           |                          |  |
|   |        |                          |              |                          |                       |                          |           |                          |  |
| 9. LANGUAGES  |        |                          |              |                          |                       |                          |           |                          |  |
| ENGLISH   | FLUENT | <input type="checkbox"/> | GOOD         | <input type="checkbox"/> | FAIR                  | <input type="checkbox"/> | POOR      | <input type="checkbox"/> |  |
| GERMAN  | FLUENT | <input type="checkbox"/> | GOOD         | <input type="checkbox"/> | FAIR                  | <input type="checkbox"/> | POOR      | <input type="checkbox"/> |  |
| FRENCH  | FLUENT | <input type="checkbox"/> | GOOD         | <input type="checkbox"/> | FAIR                  | <input type="checkbox"/> | POOR      | <input type="checkbox"/> |  |
| SPANISH   | FLUENT | <input type="checkbox"/> | GOOD         | <input type="checkbox"/> | FAIR                  | <input type="checkbox"/> | POOR      | <input type="checkbox"/> |  |
| ITALIAN   | FLUENT | <input type="checkbox"/> | GOOD         | <input type="checkbox"/> | FAIR                  | <input type="checkbox"/> | POOR      | <input type="checkbox"/> |  |
| RUSSIAN   | FLUENT | <input type="checkbox"/> | GOOD         | <input type="checkbox"/> | FAIR                  | <input type="checkbox"/> | POOR      | <input type="checkbox"/> |  |
| MARLIN'S TEST / LEVEL                                     |        | ISSUED DATE              | RESULT %     | ISSUED BY (AUTHORITY)    |                       | ISSUED AT                |           |                          |  |
|   |        |                          |              |                          |                       |                          |           |                          |  |
| 10. VACCINATIONS  |        |                          |              |                          |                       |                          |           |                          |  |
| NAME  |        | ISSUE DATE               | EXPIRY DATE  | ISSUED BY (AUTHORITY)    |                       | ISSUED AT                |           |                          |  |
| YELLOW FEVER  |        |                          |              |                          |                       |                          |           |                          |  |
| CHOLERA   |        |                          |              |                          |                       |                          |           |                          |  |
| TYPHOID   |        |                          |              |                          |                       |                          |           |                          |  |
| TETANUS   |        |                          |              |                          |                       |                          |           |                          |  |
| HEPATITIS A   |        |                          |              |                          |                       |                          |           |                          |  |
| POLIO   |        |                          |              |                          |                       |                          |           |                          |  |
| 11. SAFETY CLOTHING                                       |        |                          |              |                          |                       |                          |           |                          |  |
| BOILER SUIT SIZE  |        |                          |              | BOOTS SIZE               |                       |                          |           |                          |  |
|   |        |                          |              |                          |                       |                          |           |                          |  |
|   |        |                          |              |                          |                       |                          |           |                          |  |
| 12. MARINE COURSES  |        |                          |              |                          |                       |                          |           |                          |  |



**EDUCATIONAL DETAILS**

| Name of school | Town | From | To | Type of degree or diploma |
|----------------|------|------|----|---------------------------|
|                |      |      |    |                           |

**SEA SERVICE**

| Name of vessel | Flag | Type of vessel | main engine type | DWT /BRT | main engine power HP/KW | Name of shipping company | Crewing agency in Poland | Rank | Date signed on | Date signed off |
|----------------|------|----------------|------------------|----------|-------------------------|--------------------------|--------------------------|------|----------------|-----------------|
|                |      |                |                  |          |                         |                          |                          |      |                |                 |
|                |      |                |                  |          |                         |                          |                          |      |                |                 |
|                |      |                |                  |          |                         |                          |                          |      |                |                 |
|                |      |                |                  |          |                         |                          |                          |      |                |                 |
|                |      |                |                  |          |                         |                          |                          |      |                |                 |
|                |      |                |                  |          |                         |                          |                          |      |                |                 |
|                |      |                |                  |          |                         |                          |                          |      |                |                 |
|                |      |                |                  |          |                         |                          |                          |      |                |                 |
|                |      |                |                  |          |                         |                          |                          |      |                |                 |
|                |      |                |                  |          |                         |                          |                          |      |                |                 |
|                |      |                |                  |          |                         |                          |                          |      |                |                 |
|                |      |                |                  |          |                         |                          |                          |      |                |                 |
|                |      |                |                  |          |                         |                          |                          |      |                |                 |

I hereby agree for using the personal data included in my job application as required by the recruiting process including transfer to potential employers abroad (according to the Polish law of August 29, 1997 on the protection of personal data Dz. U. 2002 Nr 101 item 926). Hereby I confirm that I was informed about the free access to my data in Agency's data base as well the right to ask for changes.