



EMPLOYMENT APPLICATION

**FOR CARGO, CONTAINER,
BULK CARRIER VESSELS**

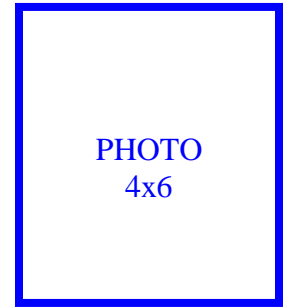


PHOTO
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PCLJ-QP11-01

File		Position Applied for		Date	
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PERSONAL DATA							
Last Name			First Name			Age	Sex
Address			Postal Code	City	Country	Telephone	
Email		NPWP No.					
Date of Birth	Place	Nationality	Marital Status	Height	Weight	YELLOW FEVER	
Next Of Kin							
Passport No	Issue Date	Expire Date	Seaman's Book No.	Issue Date	Expire Date	US Visa	Expire Date

EMPLOYMENT HISTORY					
Position	Name, Type, Flag and Place of previous Employer	GRT	From (month/Year)	To (month/Year)	Reason for Leaving

EDUCATION DATA										
LANGUAGES	SPEAK			WRITE			READ			
	Fair	Well	Excellent	Fair	Well	Excellent	Fair	Well	Excellent	
ENGLISH										
EDUCATION		Name and place of School					Years attended	Year Graduated		
OTHER SCHOOL										
DIPLOMA/CERTIFICATE				No	Place of issue		Date of Issue	Duration of training		
COURSES				No	Place of issue		Date of issue	Sub in		

Applicant Name

File

TRAINING CERTIFICATES

NAME OF CERTIFICATES		CERTIFICATES DETAILS			
		No	DATE ISSUED	EXPIRY DATE	ISSUED BY / PLACE
BASIC	PERSONAL SURVIVAL TECHNIQUES (A-VI/1-1, §1.1)				
	FIRE PREVENTION & FIRE FIGHTING (A-VI/1-2, §1.2)				
	ELEMENTARY FIRST AID (A-VI/1-3, §1.3)				
	PERSONAL SAFETY AND SOCIAL RESPONSIBILITIES (A-VI/1-2, §1.4)				
SURVIVAL	PROFICIENCY IN SURVIVAL CRAFT AND RESCUE BOATS (VI/2-1)				
	PROFICIENCY IN FAST RESCUE BOATS (VI/2-2)				
ADVANCED FIRE FIGHTING (VI/3-1)					
MEDICAL FIRST AID (VI/4-1)					
MEDICAL CARE					
TANKER CERTIFICATE	CERTIFICATE OF COMPETENCY				
	ENDORSEMENT				
	AUTOMATIC RADAR PLOTTING AID (ARPA)				
	GENERAL RADIO OPERATORS CERT. (GOC)				
	WATCHKEEPING				
	TANKER FAMILIARISATION				
	ADVANCED OIL TANKER OPERATION (OT)				
	ADVANCED CHEMICAL/TANKER OPERATION (CT)				
	ADVANCED LPG/TANKER OPERATION				
RADAR SIMULATOR					
SHIP SECURITY OFFICER (SSO)					
I.S.M CODE					
PROFICIENCY IN GMDSS RADIO					
BRIDGE RESOURCE MANAGEMENT					
OPERATIONAL USE OF ECDIS TRAINING PROGRAMME					
SHIP SECURITY AWARENESS TRAINING					
SHIP SECURITY AWARENESS TRAINING AND SEAFARER WITH DESIGNATED SECURITY DUTIES					
PANAMA SEAMAN BOOK					
LIBERIA SIRB					
MARSHAL ISLANDS SIRB					

MEDICAL DATA

Are you currently under a doctor's care with medication?	Yes		No	
Do you have any recurring medical problems?	Yes		No	
Are you on any medication?	Yes		No	
Do you have any physical and/or mental condition that would limit your ability to your job?	Yes		No	
If you answer "yes" to any of questions above, prescribe your medical situation's problems				

Please read the following carefully:

The information provided in this Application for Employment is true, correct, and completed to the best of my knowledge. If placement is found, any misstatement or omission of fact on this application could result in my dismissal. Acceptance of an offer of employment does not create a contractual obligation upon the employer or Pt.Papamitsos Corpindo Lautjaya to continue to employ me at anytime in the future. If employment is granted to me, I agree to abide by the conditions set forth within the Employers contract including any and all company rules and regulation that are in effect.

Date	
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Applicant's Signature

TO BE COMPLETED BY INTERVIEWER

INTERVIEWED BY		Date	
Remarks		Evaluation	
		Poor	
		Fair	
		Good	
		Very Good	
		Excellent	