** Canadian International Bureau of Shipping Ltd.**

PHOTO

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**Tel. (613) 790-7260**

 **E-mail:** **crew@cibsmarine.org** **Web:** [**www.cibsmarine.org**](http://www.cibsmarine.org)

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| --- | --- | --- | --- | --- | --- | --- |
| **Position applied for:** |  | **Second choice:** |  | **Minimum wage:***not mandatory* |  |  |
| **Surname: (like in seaman’s book)**  | **Name:**  | **Fathers Name:**  |
| **Date of Birth:**  | **Place of Birth / City & Country:**  | **Nationality:** |
| **Citizenship:** | **Phone(home):**  | **Phone(mobile):** |
| **Permanent address:**  |
|  **E-mail 1:**  | **E-mail 2:**  |  **E-mail 3:** |
| **Next of kin (relative)** |
| **Surname:** | **Name:** | **Phone (Mobile):** | **age** |
| **Relation:** |  **Address:** |
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| **DOCUMENTS** | **NUMBER** | **ISSUED** | **VALID** | **COUNTRY** |
| **PASSPORT**  |  |  |  |  |
| **NATIONAL SEAMAN’ S BOOK** |  |  |  |  |
| **LICENSE** | CDN: |  |  |  |
| **ENDORSEMENT**  |  |  |  |  |
| **OTHERS**  |  |  |  |  |
| **BASIC SAFETY TRAINING** |  |  |  |  |
| **PROFICIENCY IN SURVIVAL CRAFT** |  |  |  |  |
| **ADVANCED FIRE FIGHTING** |  |  |  |  |
| **MEDICAL FIRST AID** |  |  |  |  |
| **MEDICAL CARE** |  |  |  |  |
| **GMDSS**  |  |  |  |  |
| **OIL TANKER CERTIFICATE** |  |  |  |  |
| **CHEMICAL TANKER CERTIFICATE** |  |  |  |  |
| **GAS TANKER CERTIFICATE** |  |  |  |  |
| ARPA, RADAR OBS |  |  |  |  |
| **BRIDGE TEAM MANAGEMENT** |  |  |  |  |
| **SHIP’S SECURITY OFFICER** |  |  |  |  |
| **SHIP’S SAFETY OFFICER** |  |  |  |  |
| **OTHER SEAMAN’ S BOOK** |  |  |  |  |
| **OTHER LICENSE**   |  |  |  |  |
| **OTHER LICENSE**   |  |  |  |  |
| **CANADIAN VISA** |  |  |  |  |
| **MEDICAL CERTIFICATE** |  |  |  |  |
| **YELLOW FEVER VACCINATION** |  |  |  |  |

**SEA SERVICE:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF VESSEL** | **NAME OF****VESSEL** | **DWT** | **ENGINE****TYPE** | **HORSE****POWER** | **FLAG** | **NAME OF****COMPANY** | **RANK** | **PERIOD OF SERVICE****FROM / TO** |
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|  **Language knowledge**  | **English level:** |  | **French level:** |  |
| **REFERENCES (COMPANIES; PHONES,E-mail) :**  |  |
| **READINESS FROM:** **dd.mm.yy** |  | **COLOR EYES:** | **COLOR HAIR:** |
| **HEIGHT : cm**  | **WEIGHT : kg** | **Experience with mixed crew:** |  **[ ]  YES [ ]  NO** |
|  |
| **Signature\*:** |  | **Date:** |  |

**Do you give permission to CIBS to release of the above information to the employer/shipowner for the purpose to be hired? [ ]  YES [ ]  NO**

 **Please complete this form and forward it to** **crew@cibsmarine.org** **along with the below required documents soft copies\*\*:**

* **Passport**
* **Licenses**
* **Diplomas**
* **Certificates**
* **Medical exam**
* **Training courses**
* **E-Photo**
* **References if available**

**\*By signing this application form you agree with terms and conditions of our Privacy Policy and confirm that the above information is true, accurate and up-to-date. For more information on our privacy policy, you may visit our website at** [**www.cibsmarine.org**](http://www.cibsmarine.org)

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**This Privacy Statement explains our current practices regarding what we may collect, use, and secure when you visit our website and complete this application form.**