

CV FORM

Sea Crown Marine services Co., Ltd			
Document Title	Application Form		
Document No	SC-QMS-CRW-F-001		
Issue Date	09 May 2013	Prepared by	GMR
Revision No	0	Page No	1 of 3
Review by	GMR, OPM	Approved by	Managing Director

Post Applied for		Readiness	
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PERSONAL DETAILS

Name		Date of Birth		<input type="button" value="Choose File"/> No file chosen
Age		Place of Birth		
Religion		Marital Status		
Height		Weight		
Education		Mark		
Father Name		Mother Name		
Shoe size		Overall size		
Next of Kin		Relation		
Address		Phone		
		Email		

SEAMAN'S DOCUMENTS

No	Holding Certificates	Number	Date Of Issues	Date Of Expire
01	Passport (PP)			
02	Seafarer Identification and Record Book (SIRB)			
03	Certificate of Competency (COC)			
04	GOC / GMDSS (SOLAS – 74 – STCW -78)			
05	G.O.C (Endorsement)(STCW-95- I/2)			
06	Radar Observer (STCW-95-II/2)			
07	Radar And ARPA (STCW – 95 –I/2)			
08	S.S.O (ISPS-CODE-PART-A.P-12& PART B-P-13)			
09	Advanced Fire Fighting (STCW-95-A-VI/3)			
10	Medical First Aid (STCW-95-A.VI/4-1)			
11	Medical Care (STCW-95-A-VI/4-2)			
12	Tanker Familiarization (TF)			
13	Advanced Oil Tanker Operation (STCW-95-A-V/I)			
14	Advanced Chemical Tanker Operation (STCW-95-V/I-2)			
15	Advanced Gas Tanker Operation (STCW-95-A-V/I)			
16	Hazardous Cargo Training (STCW-95) (HCT)			
17	Bridge Team Management (BTM)			
18	Bridge or Engine Resource Management (BRM) or (ERM)			
19	ECDIS			
20	ESDIS (Type Specific)			
21	Basic Safety Training (BST)			
22	Efficient Desk Hand (E.D.H)			
23	Watch keeping (WK)			
24	Efficient Engine Room (EER)			
25	Survival Craft And Rescue boat (PSCRB)			
26	Ship Security Awareness (SSA)			
27	Ship Security Duties (DSD)			
28	Hazardous Cargo Training (HCT)			
29	Cook Certificate			
30	Other Certs (Malaysia / Hong Kong / Liberia)			

SEA SERVICE RECORD (FROM LAST TO FIRST)

No	Name of Vessel	Rank	Type	GRT	BHP	Main Engine	Sign On	Sign Off	Ship Owner
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

DECLARATION

BACKGROUND INFORMATION	YES	No	IF YES, PLEASE PROVIDE DETAILS
Have previous injuries or sickness?	<input type="radio"/>	<input checked="" type="radio"/>	
Premature termination of contract?	<input type="radio"/>	<input checked="" type="radio"/>	
Have been dismissed or logged for misconduct?	<input type="radio"/>	<input checked="" type="radio"/>	
Have been refused entry by any country?	<input type="radio"/>	<input checked="" type="radio"/>	
Any special diet or religious restriction?	<input type="radio"/>	<input checked="" type="radio"/>	
Any Medical restrictions / drug / allergies?	<input type="radio"/>	<input checked="" type="radio"/>	
Any alcohol drinking habits?	<input type="radio"/>	<input checked="" type="radio"/>	

Remark:

I confirm that, the information given by me herein is above mentioned data are true correct.
All documents are authentic, not fraudulence.

Name	
CDC	
DATE	

[Edit this page](#)

Get In Touch

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