



"CREW ASIA IS THE LEADING PROVIDER OF THE
FINEST CREW TO THE MEGA YACHT INDUSTRY THROUGH COMPETENT AND EXCELLENT SERVICE"

DECK APPLICATION FORM

PHOTO
(1X1)

Position Applied: _____ Date: _____

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ Skype Name: _____ Email: _____

Religion: _____ Height: _____ (cm/ft/in) Weight: _____ (lbs/kg) Contact #: _____

Gender: _____ Civil Status: _____ Date of Birth: _____ Place of Birth: _____ Age: _____

Name of Spouse: _____ Date of Birth: _____ Age: _____ Contact #: _____

Children:	NAME	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Father: _____ Date of Birth: _____ Contact #: _____

Name of Mother: _____ Date of Birth: _____ Contact #: _____

CONTACT INFORMATION:

Person to be notified in case of Emergency: _____ Relationship: _____

Home Address: _____ Tel/Mobile #: _____

Mailing Address: _____ Email Address: _____

MEDICAL BACKGROUND:

	YES	NO	IF YES, DESCRIBE BRIEFLY
Any Maintenance Medicine?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any previous Surgery/Illness?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any Medical Repatriation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pre-existing Medical Condition?	<input type="checkbox"/>	<input type="checkbox"/>	_____

	YES	NO	IF YES, VALIDITY
ENG1 (IF ANY)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phil Medical?	<input type="checkbox"/>	<input type="checkbox"/>	_____

	YES	NO	IF YES, WHERE & MEASUREMENT
Do you have any tattoos?	<input type="checkbox"/>	<input type="checkbox"/>	_____

GOVERNMENT AGENCIES:

SSS #: _____ TIN: _____ PHIC #: _____ HDMF #: _____



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SEAMANSHIP DOCUMENTS/LICENSES:

	NUMBER	ISSUE	EXPIRY
SIRB No.	_____	_____	_____
S.R.C.	_____	_____	_____
Passport No.	_____	_____	_____
Yellow Fever Vaccine	_____	_____	_____
US Visa	_____	_____	_____
NBI	_____	_____	_____
GOC Certificate	_____	_____	_____
Current License	_____	_____	_____
COC Regulation & Capacity	_____	_____	_____
COC Endorsement Regulation & Capacity	_____	_____	_____
OTHERS:			
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATIONAL BACKGROUND:

COLLEGE:	VOCATIONAL:
Name of School: _____	Name of School: _____
Course: _____	Course: _____
Year Attended: _____	Year Attended: _____
HIGH SCHOOL:	
Name of School: _____	Year Attended: _____

COC AND TRAINING CERTIFICATES:

	No/Issue Date	Trng Cntr.		No/Issue Date	Trng Cntr.
BCS/PSSR/BSTI	_____	_____	MARPOL I	_____	_____
PSBR/NAC	_____	_____	MARPOL II	_____	_____
AFF/NAC	_____	_____	MARPOL III	_____	_____
MEFA/NAC	_____	_____	MARPOL IV	_____	_____
Medical Care/NAC	_____	_____	MARPOL V	_____	_____
ARPA	_____	_____	MARPOL VI	_____	_____
Radio Telephone/Telegraph	_____	_____	HUET Course	_____	_____
Radar Simulator Course	_____	_____	BOSIET Course	_____	_____
Deck Watch keeping	_____	_____	Maritime Law for Ship's Off.	_____	_____



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DUTIES AND RESPONSIBILITIES (PAST TO PRESENT):

FOR EACH VESSEL MENTIONED ABOVE, STATE YOUR DUTIES AND RESPONSIBILITIES ONBOARD

NAME OF VESSEL	LENGTH	DESCRIPTION OF JOB ON BOARD

DECK RATING AND OFFICER SKILLS:

	YES	NO
I can operate a jet ski	<input type="checkbox"/>	<input type="checkbox"/>
I can operate a tender	<input type="checkbox"/>	<input type="checkbox"/>
I can scuba dive	<input type="checkbox"/>	<input type="checkbox"/>
I have big game fishing experience	<input type="checkbox"/>	<input type="checkbox"/>
I have trawling experience	<input type="checkbox"/>	<input type="checkbox"/>
I have line fishing experience	<input type="checkbox"/>	<input type="checkbox"/>
I have navigational knowledge	<input type="checkbox"/>	<input type="checkbox"/>
I can operate inboard engines	<input type="checkbox"/>	<input type="checkbox"/>
I can operate outboard engines	<input type="checkbox"/>	<input type="checkbox"/>
I have knowledge about nautical knots	<input type="checkbox"/>	<input type="checkbox"/>
I have painting and varnishing experience	<input type="checkbox"/>	<input type="checkbox"/>
I get seasick	<input type="checkbox"/>	<input type="checkbox"/>

HOBBIES AND PASTIME ACTIVITIES:

	YES	NO
I Smoke	<input type="checkbox"/>	<input type="checkbox"/>
I Drink	<input type="checkbox"/>	<input type="checkbox"/>
I Scuba Dive	<input type="checkbox"/>	<input type="checkbox"/>

Name other Hobbies: _____



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ON BOARD REFERENCES:

NAME	RANK/VESSEL NAME	EMAIL ADDRESS	CONTACT NUMBER

TELL US ABOUT YOURSELF AND WHY YOU SHOULD BE ON A YACHT:

DO YOU HAVE ANY CASE THAT YOU HAVE FILED OR THAT HAVE BEEN FILED AGAINST YOU? YES NO
IF YES, PLEASE STATE DETAILS: (IS THIS A CRIMINAL CASE, A CIVIL CASE, IS IT WITH THE POEA?)

I hereby confirm that I am submitting my application to Crew Asia and that I have not paid any monies to do so. I further confirm that I have not had contact with any 3rd party purporting to be connected to Crew Asia.

I also confirm that the above information supplies are true and correct to the best of my knowledge. I have read and understood the unique standards implemented by Crew Asia as stated in the Applicant’s Guide.

Any misrepresentation, deliberate omission or distortion of material facts will be sufficient cause for the rejection of this application or dismissal if hired.

AUTHORIZATION

Crew Asia Inc. is considering my application to be deployed to the Company’s client.

I HEREBY AGREE AND AUTHORIZE:

- a. Any physical, hospital, or clinic, or any medically related organization or person to furnish Crew Asia Inc. with any information concerning my medical history and physical condition.
- b. The Company or other persons in the employ or connected with the company in any way to verify that all the information stated in my application are correct.
- c. Any other information that may be necessary to support my application for employment with Crew Asia Inc.

A photocopy of this authorization with company seal shall be valid as the original. This authorization is in connection with my application for deployment only.

Signature over printed name/Date