



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

### INTERIOR 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	_____	_____	_____
COC Regulation & Capacity	_____	_____	_____
COC Endorsement Regulation & Capacity	_____	_____	_____
OTHERS:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATIONAL BACKGROUND:**

<b>COLLEGE:</b>	<b>VOCATIONAL:</b>
Name of School: _____	Name of School: _____
Course: _____	Course: _____
Year Attended: _____	Year Attended: _____
<b>HIGH SCHOOL:</b>	Year Attended: _____
Name of School: _____	_____

**COC AND TRAINING CERTIFICATES:**

	No/Issue Date	Trng Cntr.		No/Issue Date	Trng Cntr.
BCS/PSSR/BSTI	_____	_____	HUET Course	_____	_____
PSBR/NAC	_____	_____	BOSIET Course	_____	_____
AFF/NAC	_____	_____	PFRB/NAC	_____	_____
MEFA/NAC	_____	_____	Ships Awareness Course	_____	_____
MARPOL I	_____	_____	Chief Cook Course	_____	_____
MARPOL II	_____	_____	Culinary Course/s	_____	_____
MARPOL III	_____	_____	MLC Function I	_____	_____
MARPOL IV	_____	_____	MLC Function II	_____	_____
MARPOL V	_____	_____	MLC Function III	_____	_____
MARPOL VI	_____	_____	MLC Function IV	_____	_____



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**COC AND TRAINING CERTIFICATES (CONTINUED):**

	No/Issue Date	Trng Cntr.		No/Issue Date	Trng Cntr.
Messman Course	_____	_____	PADAMS	_____	_____
Maritime English for Ratings	_____	_____	Galley & Provision Mgnt.	_____	_____
Basic Marine Computer	_____	_____	Baking Course	_____	_____
Catering Management	_____	_____	OTHERS	_____	_____

**EMPLOYMENT HISTORY (PAST TO PRESENT):**

COMPANY	VESSEL NAME	VESSEL TYPE	POSITION	FROM (M/D/Y)	TO (M/D/Y)	# OF MONTHS	LAST SALARY	CAUSE OF DISCHARGE (If Unfinished Contract, pls specify)

**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



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**INTERIOR CREW SKILLS:**

	<b>YES</b>	<b>NO</b>
I have knowledge in table setting	<input type="checkbox"/>	<input type="checkbox"/>
I have knowledge in bed making	<input type="checkbox"/>	<input type="checkbox"/>
I have knowledge in cabin cleaning	<input type="checkbox"/>	<input type="checkbox"/>
I have masseuse/masseur experience	<input type="checkbox"/>	<input type="checkbox"/>
I have laundry experience	<input type="checkbox"/>	<input type="checkbox"/>
I have a certificate in silver service	<input type="checkbox"/>	<input type="checkbox"/>
I have knowledge in flower arrangement	<input type="checkbox"/>	<input type="checkbox"/>
I have galley experience	<input type="checkbox"/>	<input type="checkbox"/>
I have culinary experience/certificates	<input type="checkbox"/>	<input type="checkbox"/>
I get seasick	<input type="checkbox"/>	<input type="checkbox"/>

**HOBBIES AND PASTIME ACTIVITIES:**

	<b>YES</b>	<b>NO</b>
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: \_\_\_\_\_

**ON BOARD REFERENCES:**

NAME	RANK/VESSEL NAME	EMAIL ADDRESS	CONTACT NUMBER

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

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**DO YOU HAVE ANY CASE THAT YOU HAVE FILED OR THAT HAVE BEEN FILED AGAINST YOU?  
IF YES, PLEASE STATE DETAILS: (IS THIS A CRIMINAL CASE, A CIVIL CASE, IS IT WITH THE POEA?)**

YES  NO

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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.

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Signature over printed name/Date