

# PERSONAL INFORMATION SHEET (DECK)



Position \_\_\_\_\_ Date \_\_\_\_\_ Document Code FO-REC-02

Process Group/Department: Recruitment Effectivity Date: 03/01/2025 Rev. No. 00

## PERSONAL

Complete Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact No.: \_\_\_\_\_ Email Address: \_\_\_\_\_ Skype Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Civil Status: \_\_\_\_\_ Religion: \_\_\_\_\_ Height: \_\_\_\_\_ (cm) Weight: \_\_\_\_\_ (kg)  
SSS No.: \_\_\_\_\_ TIN No.: \_\_\_\_\_  
PhilHealth No.: \_\_\_\_\_ HDMF No.: \_\_\_\_\_

## FAMILY

Name of Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
Name of Mother: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
Name of Father: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
Name of Children: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Contact No.: \_\_\_\_\_

## EMERGENCY CONTACT

Person to be notified in case of emergency

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone / Mobile No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

### HIGH SCHOOL

Name of School: \_\_\_\_\_  
Years Attended: \_\_\_\_\_

### VOCATIONAL

Name of School: \_\_\_\_\_  
Course: \_\_\_\_\_ Years Attended: \_\_\_\_\_

### COLLEGE

Name of School: \_\_\_\_\_  
Course: \_\_\_\_\_ Years Attended: \_\_\_\_\_

## MEDICAL BACKGROUND

	YES	NO	If yes, please describe briefly
Are you taking any maintenance medicine?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you had or been diagnosed with a serious illness in the past?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you undergone surgery before?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you suffer from any type of skin disease?	<input type="checkbox"/>	<input type="checkbox"/>	_____
			If yes, please can you state the location and measurement
Do you have any tattoos?	<input type="checkbox"/>	<input type="checkbox"/>	_____
			If so, please may we have the validity
Do you possess an ENG1 (Seafarer Medical Certificate)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you possess a PEME (Pre Employment Medical Examination)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
			If so, please specify and state the validity
Do you possess any other type of Medical Certificate?	<input type="checkbox"/>	<input type="checkbox"/>	_____

## SEAMANSHIP DOCUMENTS AND LICENSES

	NUMBER	ISSUE DATE	EXPIRY DATE
SIRB (Seaman's Book) no.	_____	_____	_____
Passport no.	_____	_____	_____
E Registration no.	_____	_____	_____
Visa (if any)	_____	_____	_____
NBI Clearance	_____	_____	_____
Yellow Fever Vaccine (If any)	_____	_____	_____
Basic Training (BT)	_____	_____	_____
BT with COP	_____	_____	_____
SDSD	_____	_____	_____
SDSD with COP	_____	_____	_____
Crowd Management Certificate	_____	_____	_____
Crisis Management Certificate	_____	_____	_____
Maritime English (If any)	_____	_____	_____
Others:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**COC AND TRAINING CERTIFICATES**

	NUMBER	ISSUE DATE	EXPIRY DATE
COC II/4	_____	_____	_____
COC II/5	_____	_____	_____
ATFF	_____	_____	_____
ATFF w/ COP	_____	_____	_____
PSCRB	_____	_____	_____
PSCRB w/ COP	_____	_____	_____
MEFA	_____	_____	_____
MEFA w/ COP	_____	_____	_____
MECA	_____	_____	_____
MECA w/ COP	_____	_____	_____
<b>FOR OFFICERS:</b>			
MLC Function I	_____	_____	_____
MLC Function II	_____	_____	_____
MLC Function III	_____	_____	_____
MLC Function IV	_____	_____	_____
OLC Function I	_____	_____	_____
OLC Function II	_____	_____	_____
OLC Function III	_____	_____	_____
MEFA	_____	_____	_____
Certificate of Endorsement (COE)	_____	_____	_____
SSO	_____	_____	_____
SSO w/ COP	_____	_____	_____

**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 operate a crane	<input type="checkbox"/>	<input type="checkbox"/>
I have experience working on sailing boats	<input type="checkbox"/>	<input type="checkbox"/>
I possess a scuba diving license:	<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 experience	<input type="checkbox"/>	<input type="checkbox"/>
I have varnishing experience	<input type="checkbox"/>	<input type="checkbox"/>
I have experience in treating teak	<input type="checkbox"/>	<input type="checkbox"/>

**DETAILED EMPLOYMENT HISTORY**

MANNING AGENCY	VESSEL NAME	VESSEL TYPE	POSITION	START DATE (M/D/Y)	END DATE (M/D/Y)	DURATION (MONTHS)	LAST SALARY	CAUSE OF DISCHARGE
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

**ON BOARD REFERENCES**

NAME	RANK / VESSEL NAME	EMAIL ADDRESS	CONTACT NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ESSAY**

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? YES NO

If yes, please state details: (Is this a criminal case, a civil case, is it with the POEA?)

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I hereby confirm that I am submitting my application to Crew Asia and that I have not paid any moneys 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 clients.

I HEREBY AGREE AND AUTHORIZE:

- A. Any physical, hospital, or clinic, or any medically related organization or person may 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 is to be submitted to 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