

PERSONAL INFORMATION SHEET (ENGINE)



Position _____ Date _____ Document Code FO-REC-03

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 III/4			
COC III/5			
ATFF			
ATFF w/ COP			
PSCRB			
PSCRB w/ COP			
MEFA			
MEFA w/ COP			
MECA			
MECA w/ COP			
Engine Watch Keeping			
RFPEW			
Control Engineering			
4 Stroke Diesel/Engine			
Huet Course			
Maritime Refrigeration			
Maritime Electricity			
ERS			
Hydraulics/Pneumatics			
ISPS			
Marine Electro Technology			
Auxiliary Machinery			
Machine Tools/Lathe Course			
Welding Course			
Marine Electronics			
Bosiet Course			
Steam Plant			
Others:			

FOR OFFICERS:

MLC Function I			
MLC Function II			
MLC Function III			
MLC Function IV			
OLC Function I			
OLC Function II			

ENGINE RATING AND OFFICER SKILLS

	YES	NO
I can maintain a jet ski	<input type="checkbox"/>	<input type="checkbox"/>
I can maintain a tender	<input type="checkbox"/>	<input type="checkbox"/>
I can maintain a crane	<input type="checkbox"/>	<input type="checkbox"/>
I have knowledge in refrigeration	<input type="checkbox"/>	<input type="checkbox"/>
I have knowledge in air conditioning	<input type="checkbox"/>	<input type="checkbox"/>
I have knowledge in gas welding	<input type="checkbox"/>	<input type="checkbox"/>
I have mechanical knowledge	<input type="checkbox"/>	<input type="checkbox"/>
I have knowledge in hydraulics	<input type="checkbox"/>	<input type="checkbox"/>
I have knowledge in water maker systems	<input type="checkbox"/>	<input type="checkbox"/>
I have knowledge in electrical systems	<input type="checkbox"/>	<input type="checkbox"/>
I have experience with lathe machines	<input type="checkbox"/>	<input type="checkbox"/>
I have knowledge in IT	<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:

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 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