

PERSONAL INFORMATION SHEET (INTERIOR)



Position _____ Date _____ Document Code FO-REC-04

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 |
|-----------------------|--------|------------|-------------|
| NC I | _____ | _____ | _____ |
| NC II | _____ | _____ | _____ |
| NC III | _____ | _____ | _____ |
| Food Safety & Hygiene | _____ | _____ | _____ |
| TESDA Course: | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

INTERIOR RATING AND SKILLS

| | YES | NO |
|--|--------------------------|--------------------------|
| 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 facial treatment experience | <input type="checkbox"/> | <input type="checkbox"/> |
| I have laundry experience | <input type="checkbox"/> | <input type="checkbox"/> |
| I have knowledge in silver service | <input type="checkbox"/> | <input type="checkbox"/> |
| I have knowledge in bartending | <input type="checkbox"/> | <input type="checkbox"/> |
| I have experience in manicures and pedicures | <input type="checkbox"/> | <input type="checkbox"/> |
| I have experience in hairstyling and treatment | <input type="checkbox"/> | <input type="checkbox"/> |
| I have knowledge in flower arrangement | <input type="checkbox"/> | <input type="checkbox"/> |
| I have culinary experience | <input type="checkbox"/> | <input type="checkbox"/> |
| I have galley experience | <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