



ARKLOW SHIPPING LIMITED

Application Form

**Applications will not be considered without photocopies of relevant certificates.
DO NOT RETURN INCOMPLETE APPLICATION FORMS**

PERSONAL DESCRIPTION & INFORMATION

1. SURNAME: _____	FIRST NAME: _____
2. ADDRESS: _____ _____	
3. TELEPHONE NO: _____	OTHER CONTACT NO: _____
EMAIL ADDRESS: _____	4. NATIONALITY: _____
PLACE OF BIRTH (CITY & COUNTRY): _____	DATE OF BIRTH: _____

5. SINGLE/MARRIED/SEPARATED/DIVORCED/WIDOWED	NO. OF CHILDREN: _____
6. IN CASE OF EMERGENCY	
NEXT OF KIN: _____	RELATIONSHIP TO APPLICANT: _____
ADDRESS: _____ _____	
TELEPHONE: _____	
7. NOMINATED BENEFICIARY IN THE EVENT OF DEATH	
NAME: _____	RELATIONSHIP TO APPLICANT: _____
ADDRESS: _____ _____	

8. DISCHARGE BOOK NO: _____	10. CURRENT MEDICAL
Date & Country of issue: _____	Expiry Date: _____
9. PASSPORT NO: _____	Dept of the Marine ENG 11 <input type="checkbox"/>
Place of issue: _____	UK/MCA ENG 1 <input type="checkbox"/>
Date of issue: _____	OTHER <input type="checkbox"/>
Date of expiry: _____	

	STCW Reg.	Number	Date Issued	Country	Revalidated To:
11. CERTIFICATE OF COMPETENCY					
12. CERTIFICATE OF EQUIVALENT COMPETENCY					

	Number	Date Issued	Country	Revalidated To:
13. GMDSS RADIO CERTIFICATE:				
14. GMDSS ATO				

15. OTHER QUALIFICATIONS HELD i.e. ONC / OND / HND / BSc / DANGEROUS CARGO ENDORSEMENTS :

16. DETAILS OF APPRENTICESHIP/CADETSHIP/TRAINING	
Company:	College Attended:
Date App/Cadet commenced:	Months at College:
Date App/Cadet completed:	Final Attainment:

17. RECENT SHORE EMPLOYMENT:			
DATES		NATURE OF WORK	EMPLOYER'S NAME & ADDRESS
To	From		

18. PILOTAGE EXEMPTION LICENCES				
Port	Areas Exempted	Cert No	Date Issued	Expiry Date

19. DETAILS OF COURSES ATTENDED (DATE'S AND CERTIFICATE NOS. ARE REQUIRED)	
International Safety Management Course:	Fire Fighting (2/3/4 or 5 day) Please Specify
Safety Officer's Course:	Sea Survival / Personal Survival Techniques
Bridge Manoeuvring Simulator	Certificate of Proficiency in Survival Craft
Stability Course:	Certificate of Proficiency in Survival Craft / Rescue Boat
BTM/BRM	Food Hygiene
Engine Room Simulator:	Personal Safety & Social Responsibility
Welding: GAS ELECTRIC	EDH
Engine Operator	AB
Navigational Watch Rating:	Lifeboat:
Engine Watch Rating:	Company Security Officer (CSO)
Medicare:	Ship Security Officer (SSO)
First Aid at Sea:	OTHERS:

21. REASONS FOR APPLICATION

State reasons for Leaving your present employment. You may add anything further in support of your application.	

22.

May we approach your PRESENT employer for a reference?	
Have you ever had to leave a company other than if voluntary?	
If so, what Company?	
Are you at present serving under Contract?	
What notice do you require to attend for interview?	
What date are you available for sea service?	

23. THIS COMPANY OPERATES A DRUG AND ALCOHOL POLICY.

24. COPIES OF DOCUMENTS REQUIRED

(Please note that this application will not be considered unless accompanied by appropriate photocopies of certificates)

	OFFICER	CREW
PASSPORT	√	√
DISCHARGE BOOK	√	√
MEDICAL FITNESS CERTIFICATE	√	√
CERTIFICATE OF COMPETENCY FOR RANK EMPLOYED (REQUIRE COPY OF COMPLETE CERTIFICATE)	√	√
CERTIFICATE OF EQUIVALENT COMPETENCY	√	
GMDSS/GMDSS ATO	√	
SHIP SECURITY OFFICER	√	
PSSR		√
NAVIGATION WATCH RATING		√
FIRST AID		√
FIRE FIGHTING		√
SEA SURVIVAL		√

25. *I hereby affirm that all the information provided by me in this application is true and correct to the best of my knowledge and belief. Further, that no Certificate of Competency or Licence issued to me has ever been revoked or suspended.*

SIGNATURE: _____

DATE: _____

REPLY TO: PERSONNEL OFFICER
ARKLOW SHIPPING LIMITED, NORTH QUAY, ARKLOW, CO. WICKLOW, IRELAND

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 FACSIMILE : Int Access Code +353+402+39902
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 WEB : www.asl.ie