



Mexicrew Maritime Services S.A.

ATTACH
PHOTO
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APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

1. Personal Information

Last Name:

First Name:

Middle Name(s):

Date of Birth (mm/dd/yyyy):

Birth Place (city):

Country of Birth:

Nationality:

Gender: Male Female

Hair Color:

Weight: _____ lbs. *or* _____ kgs.

Height: _____ feet _____ inches *or* _____ cm

Do you have Tattoos? No Yes

Are the tattoos visible when wearing short-sleeved shirts, shorts or skirts? No Yes

2. Contact Information

Permanent Address

Street 1:

Street 2:

City:

State/Province:

Zip/Postal Code:

Country:

Phone Numbers (include country codes and area codes) and E-mail

Home Phone:

Mobile Phone:

E-mail Address:

3. Dependant Information

Marital Status: Single Married Divorced Widowed Other

Number of children under 18 years of age?

Emergency Contact Information

In the event of an emergency, I would like the company to contact the following person or persons:

Person 1

Relationship:

Last Name:

First Name:

Middle Name(s):

Home Phone:

Mobile Phone:

E-mail Address:

Person 2

Relationship:

Last Name:

First Name:

Middle Name(s):

Home Phone:

Mobile Phone:

E-mail Address:

4. Position Desired				
Position Desired:			Salary Desired (USD):	
Have you worked on cruise ships before: <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list last company:	
5. Documentation Information				
Passport Information				
Passport Number:			Passport Nationality:	
Date of Issue (mm/dd/yyyy):			Place of Issue:	
Date of Expiration (mm/dd/yyyy):				
Crew Visas				
Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Visa No:	Type:
C1/D:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
C1:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
D:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Schengen:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
STCW Certification				
Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Certificate Number:	
Elementary First Aid (BST)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fire Prevention & Fire Fighting (BST)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Personal Safety & Social Responsibility (BST)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Personal Survival Techniques (BST)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Crowd Management & Passenger Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Crisis Management & Human Behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Security Awareness	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Seaman's Books				
Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Number:	Nationality:
National:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Flag State 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Flag State 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Certificates				
Type	Yes/No or Not Applicable:	Date of Issue (mm/dd/yyyy):	Date of Expiration (mm/dd/yyyy):	Comments:
Ship's Cook	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Other 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

6. Employment History

List most recent employer first

Employer/Company Name:		Company Phone No:	
Position Held:		Supervisor Name:	
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Starting Salary in USD:		Ending Salary in USD:	
Reason for Leaving:			

Employer/Company Name:		Company Phone No:	
Position Held:		Supervisor Name:	
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Starting Salary in USD:		Ending Salary in USD:	
Reason for Leaving:			

Employer/Company Name:		Company Phone No:	
Position Held:		Supervisor Name:	
From (mm/dd/yyyy):		To (mm/dd/yyyy):	
Starting Salary in USD:		Ending Salary in USD:	
Reason for Leaving:			

7. Education

	School Name and City	No. of Years	From (mm/dd/yyyy):	To (mm/dd/yyyy):	Major/Diploma
High School:					
College:					
University:					
Apprenticeship:					
Other:					

8. Languages

Language:	Proficiency Level Speak:	Proficiency Level Write:
English (mandatory):	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
Spanish:	<input type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
French:	<input type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
German:	<input type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
Other 1_____:	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
Other 2_____:	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent

I hereby certify that all information contained in this application form is true and correct, and I understand that any mis-representation or intentional omissions are grounds for denial of hire or reason for dismissal. I am applying for employment with one or more of the maritime employers represented by Mexicrew Maritime Services, S.A., and understand that this is not an application to work for Mexicrew Maritime Services, S.A. I understand that at all times, Mexicrew Maritime Services, S.A. acts AS AGENTS ONLY for the various maritime employers.

Signature of Applicant _____

Date (mm/dd/yyyy) _____

Please do not write in the space below. This section is to be completed by the recruitment agency.

Agency Name: Mexicrew Maritime Services S.A.		Location: MX	
Prescreened: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Prescriber:		Date of Prescreen:
References checked: <input type="checkbox"/> Yes <input type="checkbox"/> No	References checked by:		
Criminal Background Check: <input type="checkbox"/> Yes <input type="checkbox"/> No	Background checked by:		
Applicant has been provided with: <input type="checkbox"/> Job Description <input type="checkbox"/> General BYSS <input type="checkbox"/> Departmental BYSS			

Interview Results:

Interviewer:
Comments / Observations:

Date:	Division:
Approved Position:	
Approved Salary:	Overall Rating <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
English <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	Tech. Prof. <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Attitude <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	Grooming <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Social Skill <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	Energy <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Org. Fit <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	Confidence <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1