Crew Application Form

PLEASE ATTACH PHOTOGRAPH HERE

APPLICATION FOR SEAGOING APPOINTMENT

Cool Company Management Crew Co-Ordination Centre:
Zrinsko-Frankopanska 64,
21000 Split, Croatia
e-mail: crewing@coolcoltd.com

1. PERSONAL INFORMATION			
RANK		ALT. RANK (IF ANY)	
LAST NAME		FIRST NAME	
OTHER NAMES		NATIONALITY	
BIRTH PLACE		DATE OF BIRTH	
SEX	M☐ F☐	MARITAL STATUS	
INT'L AIRPORT (NEAREST TO HOME TOWN):			

2. ADDRESS (PERMANENT)		ADDRESS (TEMP.) FROM/TO:	
STREET		STREET	
POST CODE		POST CODE	
CITY		CITY	
COUNTRY		COUNTRY	
TEL. NO.		TEL. NO.	
MOBILE		MOBILE	
E-MAIL		E-MAIL	
FAX		FAX	

3. TRAVEL DOCUMENTS					
DOC./VISA TYPE	DOC./VISA NO.	ISS.DATE	EXP. DATE	ISS. BY (AUTHORITY)	PLACE OF ISSUE
PASSPORT					
SEAMAN BOOK					
US C1/D VISA					
OTHER VISAS					

4. EDUCATION					
SCHOOL NAME		FROM		TO	
SCHOOL NAME		FROM		TO	

5. LICENCE AND COURSE INFORMATION					
LICENCE NAME	NUMBER	ISSUE DATE	EXPIRY DATE	ISSUED BY (AUTHORITY)	ISSUED AT

6. ENGLISH PROFFICIENCY				
FLUENT ☐	V. GOOD ☐	GOOD ☐	FAIR ☐	POOR ☐

7. SEAFARERS SAILING RECORD

NAME:		RANK:	DATE:

VESSEL NAME	COMPANY NAME	VESSEL TYPE	D.W.T.	ENGINE TYPE	RANK	SIGNED ON	SIGNED OFF

AVAILABILITY		
AVAILABILITY DATE	COMMENTS:	

REFERENCES		
COMPANY NAME		
ADDRESS		
PHONE NO.		
E-MAIL		
CONTACT PERSON		

Name and Surname:		Date:		Signature:	