



E.A. Technique (M) Berhad (Company No. 256516-W)

Setiawangsa Business Suites

Unit C-3A-3A,

No.2, Jalan Setiawangsa II

Taman Setiawangsa

54200 Kuala Lumpur,

Malaysia

Tel : 603-42525422

Fax : 603-42512985

e-mail: manning@eatechnique.com.my

APPLICATION FORM

EAT/CRM/APP (D / E)/ Y: ____ / SR.NO ____

PLEASE WRITE NEATLY IN CAPITAL LETTERS

Post applied for		Date Available	
Full Name as written in the Passport			
Date of Birth		Place of Birth	
Nationality		NRIC No (for Malaysian Citizen Only)	
Age	Race	Religion	
Marital Status	EPF No	SOCSCO No	
Height	Weight	Shoe Size	Boiler Suit Size



Permanent Address for Communication:

Tel. No.	Mobile No
Nearest Airport	
Email ID	

Passport Details:

Passport No.	Date of Issue	Expiry Date	Place of Issue

SID Details:

Malaysian Seaman Card No.	Date of Issue	Date of Expiry

Seaman Book Details:

Country	CDC No.	Date of Issue	Date of Expiry	Place of Issue

COR Details:

COR No.	Date of Issue	Date of Expiry

Medical Check-Up (Marine Dept Malaysia Panel Clinic) Details:

Date of Issue	Date of Expiry	Clinic Details

Details of Certificate of Competency (STCW 2010):

Issued by:(Country)	Certificate No.	Date of Issue	Date of Expiry	Date Revalidated	Grade



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NEXT OF KIN (Emergency Contact person)

Name of Next Kin			
Address :			
Relationship	No Tel		

EDUCATION

Name of School/Institution Attended	Grade	From	To	Status

Details of GMDSS Certificate: (Deck Officers only)

Issued by : Country	Certificate No.	Date of Issue	Date of Expiry	Date Revalidated

Detail of Endorsement

	Number	Date of Endorsement	Date Expiry	Issued By
Basic Oil-Chemical Training (BOCT)				
Oil Tanker Training				
Chemical Training				
Gas Training				
GMDSS / GOC				

Details of STCW 95 Courses (Updated STCW2010) :

STCW 95 Course	Certificate No.	DOI (Revalidation)	DOE	Name of the Institute
Basic Training				
Survival craft & rescue boat				
Advanced Fire Fighting				
Medical First Aid				
Medical Care O/B Ship				
RADAR Simulator				
ARPA Simulator				
Proficiency in GMDSS				
ROC / GOC				
ECDIS Generic Training				
ECDIS Specific Training				
BOCT				
Oil Tanker Advance				



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Chemical Tanker Advance				
Gas Tanker Advance				
Marine Medical Certificate				
Bridge Resource management (BRM)				
Ship Security Officer (SSO)				
Security Awareness Training (SSA)				
Designated Security Duties (DSD)				
ER Resource Management (ERM)				
Leadership & Managerial Skill / Shipboard Management				

Details of Value added Courses / Other courses attended:

Courses	Certificate No.	Date of Issue	Name of the Institute
ISM Code			
ISPS Code			
Ship Handling and Manouvering			
Shipboard Safety Officer Training			

OFFSHORE APPLICATION

Petronas Medical Certificate			
Basic Offshore Safety Induction and Emergency Training (BOSIET)			
Offshore Safety Passport			
Permit to work			
HUET			
Basic H2S Training			
Designated First Aider			
Authorised Gas Testing			
Crane Operator			
Rigging & Slinging			



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SEA SERVICE (Date commencing from last Vessel)

Name of Company & Country	Name of Vessel	Rank	Ship Type *	GRT/DWT/BHP & ME			Period of Service		Total Services	
				GRT	kW	Type of M/E	From	To	mm	dd

*Ship Type: CoC (Crude Oil Carrier) ; CPP (Clean Petroleum Product) ; CHM (Chemical) ; LPG (Liquefied Petroleum Gas) ; LNG (Liquefied Natural Gas) ; FSO ; FPSO ; FSU ; BIT (Bitumen) ; BBS (Bunker Barge/Ship)

Asp (Asphalt) ; CON (Container) ; BC (Bulk Carrier) ; GCS (Gen. Cargo Ship) ; R/R (RORO) ; PAS (Passenger) ; OSV (Offshore Supply Vessel) ; OTH (Others)



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OIL MAJOR EXPERIENCED: SIRE / CDI INSPECTION (for Tankers application)

OIL MAJOR***	SHIP NAME	RANK ONBOARD	SHIP TYPE	SIRE INSPECTION TYPE (SIRE / CDI)	DATE / YEAR INSPECTION	VESSEL STATUS (SPOT/TIME) CHARTER

*** Please indicate the Oil Major Company – PETRONAS | SHELL | CHEVRON | EXXON-MOBIL | CONOCOPHILLIP | BP | ENOC | ADNOC etc

MEDICAL HISTORY / BACKGROUND			
a) Do you have any history of family or personal illness such as tuberculosis, high blood pressure, mental illness etc?	Y / N		
b) Have you ever been hospitalised, operated or currently undergoing some kind of medical treatment?	Y / N		
c) Do you have an emotional or physical handicap (disability)?	Y / N		
d) Have you ever been charged in court for any offence?	Y / N		
SALARY (applicants to attached last drawn salary slip)			
a) Last salary			
b) Expected Salary			
I certify that all statements given on this application are correct and true to my knowledge. I also understand that falsification or misrepresentation (intentionally or unintentionally) in this or any other personnel records can result in my immediate dismissal and forfeiture of all wages, allowances and benefits if I am employed by the Company. I do agree to submit myself to a thorough medical examination, which I must successfully pass as one of the conditions for being accepted for employment.	<table border="1"> <tr> <td>Application Signature:</td> <td>Date:</td> </tr> </table>	Application Signature:	Date:
Application Signature:	Date:		

***Applicants to attached last drawn salary slip

***Note: - We regret that only shortlisted candidates will be notified



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FOR OFFICE USE

INTERVIEWED BY:

1. NAME : _____

DATE : _____

DESIGNATION : _____

*COMMENT : _____

: _____

: _____

: _____

: _____

APPROVED

NOT APPROVED / REJECTED

KIV