

PERSONNEL FORM

By filling out this form, I am giving Net Ship Management Inc. my consent to collect, process, and share my personal information for purposes relevant to my job application. I am aware that NSM protects my right to privacy and that the data released to them are treated with confidentiality.

Personal Information

Position Applied	<input type="text"/>	Date of Birth (dd-mmm-yy)	<input type="text"/>	Age	<input type="text"/>	Photo
Family Name	<input type="text"/>	Place of Birth	<input type="text"/>			
Given Name	<input type="text"/>	Nationality	<input type="text"/>			
Middle Name	<input type="text"/>	Religious Affiliation	<input type="text"/>			
Gender	<input type="text"/>	Civil Status	<input type="text"/>			

Contact Details

Permanent Address	<input type="text"/>				
Address in M. Manila	<input type="text"/>				
Landline Number	<input type="text"/>	Mobile Number1	<input type="text"/>	Mobile Number2	<input type="text"/>
Email1	<input type="text"/>	Email2	<input type="text"/>	Facebook	<input type="text"/>

Medical Background / Vaccinations

Please describe briefly, if applicable.

Previous Surgery	<input type="text"/>	Height (meter)	<input type="text"/>
Pre-existing Condition	<input type="text"/>	Weight (kilogram)	<input type="text"/>
Medications (ongoing/taken)	<input type="text"/>	Body Mass Index	<input type="text"/>
Validity (dd-mmm-yy) of Yellow Fever	<input type="text"/>	Cholera	<input type="text"/>
Covid Vac Brand	<input type="text"/>	1 st Dose	<input type="text"/>
		2 nd Dose	<input type="text"/>

Education & Computer Literacy

Course	<input type="text"/>	Year (From – To)	<input type="text"/>
School	<input type="text"/>	Address	<input type="text"/>
Software/System used or familiar with	<input type="checkbox"/> MS Word <input type="checkbox"/> MS Excel <input type="checkbox"/> Email <input type="checkbox"/> Web		

National Details

	Number	Date Issued (dd-mmm-yy)	Expiry Date (dd-mmm-yy)
COC COP on Rank NC II & III	<input type="text"/>	<input type="text"/>	<input type="text"/>
STCW Endorsement Cert: Oil Chem Gas Others	<input type="text"/>	<input type="text"/>	<input type="text"/>
General Operator Certificate	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSS No.	<input type="text"/>	PhilHealth No.	<input type="text"/>
Pag-IBIG No.	<input type="text"/>	TIN	<input type="text"/>

Travel Documents

	Number	Date Issued (dd-mmm-yy)	Expiry Date (dd-mmm-yy)
Passport	<input type="text"/>	<input type="text"/>	<input type="text"/>
SIRB	<input type="text"/>	<input type="text"/>	<input type="text"/>
US Visa	<input type="text"/>	<input type="text"/>	<input type="text"/>
Schengen Visa	<input type="text"/>	<input type="text"/>	<input type="text"/>
SRC	<input type="text"/>	SRC Rank	<input type="text"/>

Foreign | Flag State Documents Held

Document	Number	Date Issued (dd-mmm-yy)	Expiry Date (dd-mmm-yy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Training Certificates with Certificate of Proficiency (COP)

Course	Issuing Party	Date Issued (dd-mmm-yy)	COP Held?	COP Expiry Date (dd-mmm-yy)
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> Yes	

Training Certificates

Course	Issuing Party	Date Issued (dd-mmm-yy)

Other Trainings or Documents Held

Course	Issuing Party	Date Issued (dd-mmm-yy)

Family Details

Relationship	Name (Family Name, Given Name, Middle Name)	Date of Birth (dd-mmm-yy)	Beneficiary?	Permanent Address	Contact Numbers	Email Address
Father			<input type="checkbox"/> Yes			
Mother			<input type="checkbox"/> Yes			
Spouse			<input type="checkbox"/> Yes			
<u>Other Relative</u>						
			<input type="checkbox"/> Yes			
<u>Children or siblings below 18 years old</u>						
			<input type="checkbox"/> Yes			
			<input type="checkbox"/> Yes			
			<input type="checkbox"/> Yes			
			<input type="checkbox"/> Yes			

Person(s) to be notified in case of emergency

Legal Cases

Do you have ongoing, pending or past legal cases? ☐ Yes

Please describe briefly.

Sea Service Records

** last 5 years, most recent on top

Rank	Date (dd-mmm-yy)		Sea Time (months)	Reason for signing off	Vessel's Particulars							Manning Agency
	Signed on	Signed off			Name	Flag	Vessel Type	GRT	Engine Type	Kw	Principal	

Home Allotment Information

Bank Account Details						Amount of Allotment (source will be the Basic Pay)			From whom to deduct the SSS, PhilHealth, & Pag-IBIG premiums?	Email address to receive allotment slip
Allottee / Account Name	Bank	Branch	Account Number	Account Type	Currency	100%	80%	Other amount		
						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

References From Previous Employment

Name	Position	Contact Number	Company

Declaration and Signature

I hereby certify that the information given is true and correct and that I have not withheld any information that would affect my application unfavorably.

Any false declaration written herein may cause for disqualification and non-acceptance to **Net Ship Management Inc.** and may be subjected to applicable penalties in accordance to existing laws governing the overseas seafarer's recruitment and employment.

Applicant's Signature over Printed Name

Date Signed: _____