



# SMT Application form

Please send this application form to:  
[recruitment.desk@smtshipping.com](mailto:recruitment.desk@smtshipping.com)

Photo

Rank: \_\_\_\_\_

## Personal data

First and Last Name:		Parents Names:	
Date of Birth:	Place of Birth:	E-mail:	
Actual Address:		Phone:	
		Mobile:	
Nationality:	Education (school name):	Expected Salary:	
Nearest Airport:			
Height (cm):	Eyes:	Shoe size:	Ready From:
Weight (kg):	Color of Hair:	Overall size:	
Spouse (First / Last Name):		Phone:	
		E-mail:	
Child Name:	Date of Birth:		
Child Name:	Date of Birth:		
Child Name:	Date of Birth:		
Child Name:	Date of Birth:		
Ex-Employer Name 1:		Phone:	
		E-mail:	
Ex-Employer Name 2:		Phone:	
		E-mail:	
Knowledge of English:	<input type="checkbox"/> Fluent	<input type="checkbox"/> Basic	<input type="checkbox"/> Fair <input type="checkbox"/> None
Crane Operating (refers to BN/AB/OS only):	<input type="checkbox"/> Gantry Cranes	<input type="checkbox"/> Electrical	<input type="checkbox"/> Derricks <input type="checkbox"/> Payloaders

**Documents**

	Number, type	Place of Issue	Date of issue	Validity
National Passport				
US Visa				
Other Visas (if any)				
National Seaman Book / Seaman Passport				
Bahamian				
Marshall Islands				
National License (COC)				
Bahamian				
Marshall Islands				

**Certificates/Courses**

Pers.Surv.Tech.Cert.				
Fire-fighting Cert.				
Medical Course				
Personal Safety Cour.				
Cert. in Survival Craft				
GMDSS (if applicable)				
ARPA (if applicable)				
ECDIS (if applicable)				
ECDIS FURUNO FMD 3100/3200/3300 (if applicable)				
Ship Security Awareness (SSA)				
SSA with designated duties				
ERM (if applicable)				
BRM (if applicable)				
Other courses				
Medical examination				
Yellow Fever Vaccination				

**Sea Service**

Vessel's type	Main Engine (Type / BHP)	DWT/ GRT	Name of Vessel	Crewing Agency	Employer (Company Name)	Rank	Period of Service (last 5 years)
1.							<i>begin</i>
							<i>end</i>
2.							<i>begin</i>
							<i>end</i>
3.							<i>begin</i>
							<i>end</i>
4.							<i>begin</i>
							<i>end</i>
5.							<i>begin</i>
							<i>end</i>
6.							<i>begin</i>
							<i>end</i>
7.							<i>begin</i>
							<i>end</i>
8.							<i>begin</i>
							<i>end</i>
Date:			Applicant's Signature:				

**For office use only**
**Personnel Specialist**

- The Candidate has undergone the preliminary Interview with Personnel Specialist Verification of Licenses, Certificates and other documents carried out and found in compliance with SMT Cyprus Crew Minimum Certification and Qualification Requirements for position applied for.
- Authenticity of the submitted documents and certificates verified.

 Remarks:
 

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 Personnel Specialist:
 

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 Date:
 

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**Crewing Agent**

Yes/No

- Has the Candidatee been interviewed?
- Is the Candidate approved?

 Remarks:
 

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 Crewing Agent:
 

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 Date:
 

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**Senior Superintendent / Superintendent / Assistant Superintendent**

Yes/No

- Has the Candidate been interviewed?
- Is the Candidate approved?

 Remarks:
 

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 Superintendent:
 

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 Date:
 

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 Approval of Fleet Manager:
 

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 Date:
 

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