



ATLANSHIP S.A.
1, route de Chailly
CH-1814 LA TOUR-DE-PEILZ
Switzerland

photograph

QUESTIONNAIRE

Family name

Given name

Permanent residence

Street, n°

ZIP Code, Place, Country

Telephone n°

E-mail address

Mobile n°

Nearest airport

Date of birth: day

month

year

Place of birth

Nationality

Religion

Civil status

single

married

divorced

other :

Legal punishments (when/why/verdict)

Name of spouse

Children : name & date of birth

Name & address of next of kin, telephone (relationship)

Insurances subscribed by the applicant :

Compulsory social insurance in country of residence

Yes

No

name of insurer

If yes, please complete :

Policy n°

Accident insurance :

If yes, please complete :

name of insurer

Policy n°

Private insurance :

If yes, please complete :

name of insurer

Policy n°

Rank applied for

Earliest possible date of employment

EDUCATION

 Secondary School

 Nautical or technical college / university

 Apprenticeship (with whom)

 Languages

spoken
level

written
level

 Passport n°

Issuing day

month

year

valid until: date

month

year

Valid visa - for country

type of visa

valid until

day

month

year

day

month

year

Seaman's book - issued by (Authority) - on

n°

valid until

day

month

year

day

month

year

day

month

year

Valid Licenses and Certificates

issued by - on

n°

valid until

WORK EXPERIENCE ASHORE

Employers	Place	from - to	Function
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Present employer, if any (name & place)

Contract : Notice given Not given Time of notice

References

Are you member of a union - which one

SEA SERVICE

Ship	Shipping company	Type	DWT/BHP	Flag	Dates (from - to)	Rank
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MEDICAL REPORT

Present health condition (your opinion)

Past illnesses, operations, accidents

Blood group

Weight	Height	Hair colour	Eye colour
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Eye-glasses	Colour blind	Eye-sight right	Eye-sight left
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Special marks

Are you under medical treatment - if yes, with whom and why

Do you take medicines - which ones	Frequently	Regularly
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Do you smoke	YES	NO
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Do you drink alcoholics	YES	NO
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Do you take drugs - which ones	YES	NO
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Inability of work during the last 12 months	n° of days	reason :	illness	accident
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Vaccinations	Date of last vaccination	International vaccination certificate
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What kind /	(day - month - year)	YES	NO
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Smallpox

Yellow fever /

Cholera

Poliomelytis

Typhoid fever

Tetanus

Last medical report for ocean-going vessels	Date	Month	Year
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How did you get to know our address / Name of person

I confirm that the answers given are complete and true. I allow any of previous employers and/or medical doctors/hospitals to give additional information or judgement on my working capability and references. I apply to Atlanship S.A. for a specific duty and I am aware of the fact that any existing and concealed disability or wrong information given above for the assigned duty may lead to the cancellation of the working contract, notwithstanding the terms of Agreement of Employment.

Date & place

Signature