



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 :

name of insurer

If yes, please complete :

☐
☐

Policy n°

Private insurance :

name of insurer

If yes, please complete :

☐
☐

Policy n°

Rank applied for

Select from list

If other, please specify

Earliest possible employment

EDUCATION

Secondary School

Nautical or technical college / university

Apprenticeship (with whom)

Languages	Spoken level	Written level
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Other?

Passport n°	Issuing day	month	year	valid untill: date	month	year
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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

Valid Licenses and Certificates	Issued by - on (Authority and Date)	n°	valid until (day, month, year)		
			day	month	year
			day	month	year

WORK EXPERIENCE ASHORE

Employers	Place	Dates (from - to)	Rank
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

Eye-glasses

Colour blind

Eye-sight right

Eye-sight left

Special marks

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

Do you take medicines - which ones

Frequently

Regularly

Do you smoke

YES

NO

Do you drink alcoholics

YES

NO

Do you take drugs - which ones

YES

NO

Inability of work during the last 12 months

n° of days

reason : illness

accident

Vaccinations

Date of last vaccination

International vaccination certificate

What kind

Day

Month

Year

YES

NO

Smallpox

Yellow fever

Cholera

Poliomelytis

Typhoid fever

Tetanus

Last medical report for ocean-going vessels

Date

Month

Year

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