# SEAMAR s.c.

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| Photograph  (paste here) |

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## **APPLICATION FOR SEAGOING APPOINTMENT**

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| 1. PERSONAL DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RANK | | | | |  | | | | | | | | | | | | | | | ALTERNATIVE RANK (IF ANY) | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| LAST NAME | | | | |  | | | | | | | | | | | | | | | FIRST NAME | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| NATIONALITY | | | | |  | | | | | | | | | | | | | | | DATE OF BIRTH | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| BIRTH PLACE | | | | |  | | | | | | | | | | | | | | | | | HEIGHT (CM) | | | | | | | | | |  | | | | | | WEIGHT (KG) | | | | | | | | |  |
| INTERNATIONAL AIRPORT | | | | | | | | | | | ` | | | | | | | | | | | AVAILABLE FROM: | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **2. ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POST CODE | | | |  | | | | | | | | | CITY | |  | | | | | | | | | | | | | | | | COUNTRY | | | | | | | |  | | | | | | | | |
| MOBILE | | | |  | | | | | | | | | | | E-MAIL | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. NEXT OF KIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL NAME | | |  | | | | | | | | | | | | | | | | | | | | | | RELATION | | | | | | | |  | | | | | | | | | | | | | | |
| STREET | | |  | | | | | | | | | | | | | | POST CODE | | | | | | | |  | | | | | | | | CITY | | | |  | | | | | | | | | | |
| TEL. NO. | | |  | | | | | | | | | | | | | | MOBILE PHONE NO. | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 4. TRAVEL DOCUMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOC./VISA TYPE | | | | | | DOC./VISA NO. | | | | | | | | ISS.DATE | | | | EXP. DATE | | | | | | | | ISS. BY (AUTHORITY) | | | | | | | | | | | | | | | | PLACE OF ISSUE | | | | | |
| PASSPORT/ID card | | | | | |  | | | | | | | |  | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | |
| SEAMAN’s BOOK | | | | | |  | | | | | | | |  | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | |
| US C1/D VISA | | | | | |  | | | | | | | |  | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | |
| 5. BANK ACCOUNT INFORMATION (OPTIONAL) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BANK NAME | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | BRANCH | | | | | | | | | | |  | | | | | | |
| ADDRESS | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | CURRENCY | | | | | | | | | | |  | | | | | | |
| ACCOUNT NO | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | SWIFT/BIC CODE | | | | | | | | | | | | |  | | | | |
| ACCOUNT OWNER | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | |
| 6. EDUCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCHOOL NAME | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | FROM | | | | | |  | | | | | | | | | TO |  | | |
| SCHOOL NAME | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | FROM | | | | | |  | | | | | | | | | TO |  | | |
| 7. CERTIFICATE(S)/LICENCE(S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LICENCE NAME | | | | | | | | | | ISS.DATE | | | | | | | EXP. DATE | | | | | | | ISS. BY (AUTHORITY) | | | | | | | | | | | | | | | PLACE OF ISSUE | | | | | | | | |
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| COURSE NAME | | | | | | | | | | ISS.DATE | | | | | | | EXP. DATE | | | | | | | ISS. BY (AUTHORITY) | | | | | | | | | | | | | | | PLACE OF ISSUE | | | | | | | | |
| PERSONAL SURVIVAL TECH | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| BASIC FIRE FIGHTING | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| ADV. FIRE FIGHTING | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| ELEMENTARY FIRST AID | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| MEDICAL FIRST AID | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| MEDICAL CARE | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| PERS. SAFETY & SOC. RESP. | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| PROF. IN SURVIVAL CRAFT | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| FAST RESCUE BOATS | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| ECDIS | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| BRM/ERRM | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| GMDSS | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| ARPA | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| CRISIS MAN. ON RO-RO VESSEL | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| CROWD MAN. ON RO-RO VESSEL | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| HAZMAT | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| SHIP SECURITY OFFICER | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| HEALTH CERTIFICATE | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| YELLOW FEVER VACC | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| SECURITY AWARNESS | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| DESIGNATED SECURITY DUTIES | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| OTHER CERTS | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| **8. ENGLISH PROFICIENCY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FLUENT |  | | | | | | V. GOOD | | | | |  | | | | GOOD | | | | | | |  | | | | FAIR | | | | | | |  | | | | | | POOR | | | | | |  | |
| OTHER LANGUEGES PROFICIENCY | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MARLINS TEST** | | WRITTEN (%) | | | | | |  | | | | | SPOKEN / LEVEL | | | | | |  | | | | | | | | | ISSUED DATE | | | | | | | | | | |  | | | | | | | | |

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| 9. SEAFARER’S SAILING RECORD | | | | | | | | | | | | |
| COMPANY NAME | VESSEL NAME | | VESSEL TYPE | FLAG | GRT | | ENGINE TYPE | KW | RANK | | SIGN ON | SIGN OF |
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| **10. SHORE EXPERIENCE** | | | | | | | | | | | | |
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|  | | | |  | | | |  | | |  | |
| **11. REFERENCES** | | | | | | | | | | | | |
| COMPANY NAME | |  | | | |  | | | |  | | |
| ADDRESS | |  | | | |  | | | |  | | |
| PHONE NO. | |  | | | |  | | | |  | | |
| E-MAIL | |  | | | |  | | | |  | | |
| CONTACT PERSON | |  | | | |  | | | |  | | |

Zgodnie z art. 6 ust. 1 lit. A Ogólnego Rozporządzenia o Ochronie Danych Osobowych z dnia 27 kwietnia 2016 r. wyrażam zgodę na przetwarzanie moich danych osobowych przez Seamar s.c., Al. Jana Pawła II 1 81-345 Gdynia, do celów niezbędnych do procesów obecnej i przyszłych rekrutacji, mających na celu moje zatrudnienie u armatora zagranicznego (pośrednictwo w zatrudnieniu), a w przypadku zawarcia umowy – do jej realizacji.

Przekazuję swoje dane w sposób dobrowolny i jestem świadomy prawa dostępu do treści swoich danych, możliwości ich poprawiania oraz wycofania zgody w dowolnym momencie.

Oświadczam, że zostałem poinformowany o swoich prawach określonych w art. 13 Rozporządzenia Parlamentu Europejskiego i Rady (UE) 2016/679 z dn. 27 kwietnia 2016r w sprawie ochrony osób fizycznych w związku z przetwarzaniem danych osobowych i w sprawie swobodnego przepływu takich danych oraz uchylenia dyrektywy 95/96/WE.

Oświadczam, że poinformowałam/em osobę wskazaną w aplikacji w pozycji „next of kin” o przekazaniu jej danych osobowych do Seamar s.c., Al. Jana Pawła II 1, Gdynia. Seamar s.c. będzie przetwarzał dane osobowe osoby „next of kin” celem spełnienia wymagań Konwencji o pracy na morzu (Dz.U. 2013 poz. 845). Osoba „next of kin” ma prawo dostępu do treści swoich danych oraz możliwość ich poprawiania oraz przysługują jej prawa określone w art. 13 Rozporządzenia Parlamentu Europejskiego i Rady (UE) 2016/679 z dn. 27 kwietnia 2016r w sprawie ochrony osób fizycznych w związku z przetwarzaniem danych osobowych i w sprawie swobodnego przepływu takich danych oraz uchylenia dyrektywy 95/96/WE.

## Kliknij, by potwierdzić zgodę.

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Data Podpis

Klauzula informacyjna

Zgodnie z art. 13 Ogólnego Rozporządzenia o Ochronie Danych Osobowych z dnia 27 kwietnia 2016 r. informujemy, iż:

1. administratorem Pani/Pana danych osobowych jest SEAMAR s.c. z siedzibą w Gdyni (81-345) przy al. Jana Pawła II 1, reprezentowany przez Mirosława Urbanowskiego,
2. kontakt w sprawie danych osobowych – [seamar@seamar.pl](mailto:seamar@seamar.pl),
3. Pani/Pana dane osobowe przetwarzane będą w celu realizacji zadań związanych z rekrutacją do pracy u armatorów zagranicznych (pośrednictwo pracy), a w przypadku podpisania umowy o pracę – do jej realizacji, na podstawie zgody udzielonej zgodnie z Art. 6 ust. 1 lit. a Ogólnego Rozporządzenia o Ochronie Danych Osobowych z dnia 27 kwietnia 2016 r.,
4. Pani/Pana dane osobowe będą przekazywane wyłącznie podmiotom uprawnionym do uzyskania danych osobowych na podstawie przepisów prawa oraz uczestniczące w realizacji usług, w tym: armatorom zagranicznym, agentom portowym, agencjom podróży, firmom transportowym, HMS Assistance (opieka medyczna), instytucje morskie (w celu potwierdzenia kwalifikacji),
5. Pana/Pani dane osobowe będą przechowywane przez 5 lat, a w przypadku zawarcia umowy – 50 lat,
6. posiada Pani/Pan prawo do: żądania od administratora dostępu do danych osobowych, prawo do ich sprostowania, usunięcia lub ograniczenia przetwarzania, prawo do przenoszenia danych,
7. Pani/Pana dane nie będą podlegały profilowaniu i zautomatyzowanemu przetwarzaniu,
8. ma Pani/Pan prawo wniesienia skargi do Prezesa Urzędu Ochrony Danych Osobowych, gdy uzasadnione jest, że Pani/Pana dane osobowe przetwarzane są przez administratora niezgodnie z Ogólnym Rozporządzeniem o Ochronie Danych Osobowych z dnia 27 kwietnia 2016r.,
9. podanie danych osobowych jest dobrowolne, jednakże odmowa podania danych może skutkować odmową realizacji usługi.

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Data Podpis