SARATOGA SHIPPING AGENCY
RECRUITMENT DEP.
Port Said – Egypt

Tel: +2 (066) 32 111 04 & (05) - Fax: +2 (066) 32 111 09
E-Mail : info@saratoga-eg.com
Web : www.saratoga-eg.com

APPLICATION FORM PERSONAL DATA

Family Name		**First Name**	
Date of Birth		**Birth Place**	
Passport No.		**Issued Date:**	**Expiry Date :**
Seaman's Book No.		**Issued Date:**	**Expiry Date :**
Home Address	– EGYPT		**Phone : +2** 0 **( ) : +2** 0
Next of Kin		**Relationship :**	**Phone : +2** 0 **( ) : +2** 0
Mother name		**Shirt Size :** **Trouser Size:**	**Overall Size:** **Shoes Size :**
Married : **Yes** ☐ **No** ☒	**No. Off Children :** 0	**Age of Children :** 0	**Smoke :** **Yes** ☐ **No** ☒
English Language	**Fluent** ☐ **Good** ☐	**Average** ☒	**Poor** ☐
Other Language **( )**	**Fluent** ☐ **Good** ☐	**Average** ☐	**Poor** ☐
Rank – Rating		**Certificates & License :** HAS PROPER CERTIFICATES FOR POSITION	

SEA & SHORE SERVICE (LAST 5 YERARS)

Vessel's Name	Flag	Vessel Type	Rank	ENG. TYPE HP	S/On	S/Off	Remarks

I, hereby affirm that all the information provided by me in this application is true & correct to the best of my knowledge.

Date :	**Signature :**