

Mandarin Marine Ltd

Application form for Catering Personnel

| Tel: +371 63480440 |
|--------------------------|
| office@mandarinmarine.lv |

| Position applied for: | | | | Date: | | | | | | |
|-----------------------------------------|-----------|------------------|------------|--------------------|-------------|-----|--|-------|------------------|--------|
| Surname: | | | | First N | Jame: | | | | | |
| Date of Birth: | | | | Place of birth: | | | | | | |
| Nationality: | | | | Depart | ture airpor | | | | | |
| Home address: | | | | | | | | | | |
| Tel.: E-mail: | | | | | | | | | | |
| Number of children under the age of 18: | | | | | Mari | | | | | |
| Next of Kir | n: | | | | | | | | | |
| Marine coll | lege: | | | | | | | | | |
| CERTIFICATES: | | | | | | | | | | |
| | | cription | | Number | | | | Place | Issue | Expiry |
| Certificate o | of Compe | etency | | | | | | | | |
| Grade: | | | | | | | | | | |
| Hygiene Cer | rtificate | MLC 3.2 | | | | | | | | |
| Passport: | | | | | | | | | | |
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| Advanced fi | | | scue boats | | | | | | | |
| Medical first | | ··· <u>·</u> | | | | | | | | |
| Medical care | | | | | | | | | | |
| Vaccinations | | / Yellow f | ever / | | | | | | | |
| Vaccinations | S | / Covid-19 |) / | | | | | | | |
| Health certif | | catering depa | rtment | | | | | | | |
| Security Cou |]; 6-1 | | | | | | | | | |
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| English: fluent | | | good Date: | | | | | • | or 🗌 | |
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| Additional | informat | tion: | | | | | | | ■ 26 | |

