



Consent on the General Use and Sharing of Personal Data Form

In compliance with the Data Privacy Act and in accordance with Blue Manila, Inc.'s (BMI) Data Privacy Notice, I hereby give my consent to BMI to collect, treat, utilize, process, store, secure, disclose and dispose my personal information such as: (as checked in the box below)

- 1. Those contained in my duly filled up Blue Manila, Inc.'s "Crew Bio-Data Form
- 2. Those filed and stored in Blue Manila, Inc.'s database
- 3. Employment information (sea service, contract details-wages, length of contract)
- 4. Performance evaluation reports from previous sea service
- 5. Details of Government issued identifications (SSS, TIN, Philhealth, Pag-Ibig, POEA E-Registration No., etc.)
- 6. Pre-Employment Medical Examination (PEME) reports
- 7. Copies of employment, training and other certificates submitted to the company
- 8. Evaluation and Examination results
- 9. Financial information (bank accounts; allotment & allottees' details)
- 10. Photos of company related / crew on board activities where I am a part of.

as required and appropriate to my request for job application and/or employment to:

- 1. POEA accredited Principals, their vessels, agents and related third parties
- 2. Prospective Principals
- 3. Issuing Authorities such as embassies, flag state authorities and their representatives, other government agencies;
- 4. Airline and travel agencies
- 5. External service providers and suppliers
- 6. Other third parties where there is legitimate reason to do so, such as but not limited to :
 - 6.1 other manning agencies conducting employment verification of Ex BMI seafarers
 - 6.2 banks / other financial institutions handling seaman's loans

My Rights

I understand that I have the rights under the law to be informed; data portability to access and/or request a copy of any of my personal data; to object; to correct, to request to delete some or all of my personal data in accordance with the company's procedure.

I hereby confirm that I have read and understood the attached :
"BLUE MANILA, INC.'s DATA PRIVACY NOTICE."

CONFORME:

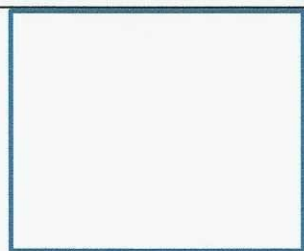
Print Name and Signature

Date: _____





Crew Bio-Data



Position Applied For:
 Alternative Position:
 Applied Through: Job Fair ___ Walk-In ___ POEA List ___ Referred by:
 On-line ___ Others ___ Relationship:

Personal Details:

Crew Name:

Last Name
First Name
Middle Name

Date of Birth: Age: Place of Birth: Nationality:

Contact Address:

Tel. #: Mobile # 1: Mobile # 2: E-mail:

Permanent Address:

Tel. # Mobile # 1: Mobile # 2

Marital Status: Marriage Date: No. of Children:

Wife's Name:..... Date of Birth:.....

Last Name
First Name
Middle Name

Mother's Name: Father's Name:

Person to contact in case of emergency:..... Relationship:.....

Contact Address: Contact #:

Educational Background (Please do not abbreviate)

College Course or Highest Educational Attainment:

School/University: Year Completed:

List down details of your National Licenses : COC, COP, GOC, TESDA, NC

Level	Capacity	Certificate Number	Date Issued	Valid Until
Cert. of Competency or Proficiency				
Cert. of Competency or Proficiency				
Certificate of Endorsement				
GOC				
National Certificate				
Seaman's Record Book				
E-Registration Number				
Passport				
Others				

STCW and Other Training Courses

Training Title	COP Number	Issuance Date	Other Trainings (Pls Check <input checked="" type="checkbox"/> Y/N)	Y	N	Date Issued
Basic Training			MLC (Deck/Eng)			
Proficiency in Survival Craft & Rescue boat			MARPOL 1-6			
Advanced Training in Fire Fighting			ROPA			
Medical First Aid			Welding Course			
Medical Care			Crane Operator Course			
SSA with SDS			High Voltage Course			
SSO			Anti Piracy Training			
Basic Training on Oil & Chemical Tanker			Culinary Training			
Advanced Training for Chemical Tanker			ECDIS			
Advanced Training for Oil Tanker			SSBT (Deck) / ERSC (Engine)			

Foreign Licenses/Visas & Others (i.e.: Cyprus, UK, Dutch, Seaman's Book & Licenses & etc.)

Document Type	Issuing Country	Number	Date Issued	Valid Until
US Visa				
Schengen Visa				
Others:				

Vaccinations:	Validity Period	Medical/Clinics	Validity Period
Yellow Fever :	LIFE TIME () Yes () No		

Working Clothes Issuance Details:

Height : Weight : Pants Size : Overall : Shoe size :

Name : _____ Rank : _____

Last Name First Name Middle Name

Please write down the company name and the contact person/s from your last 3 employers:

Company / Manning Agency	Contact Person /Contact Number	Remarks

General Information :

1. Nationalities of officers and ratings you have previously sailed with : _____
2. Trade routes of previous vessels : _____
3. Reasons you are not returning to your last agencies / companies :

Name of Employer/Agency	Last Wages	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
4. Previous Work Experience other than shipboard:
 Company : _____ Position : _____ From : _____ To : _____
 Job Description : _____
 Reason for Leaving : _____

For Tanker Experienced Applicants

In relevance to your experience , please indicate if you are familiar with the following equipments or procedures .

1. Experience in Framo pumps : _____
2. USCG/Oil Company Inspections : _____
3. Closed Loading : _____
4. For Deck Officers /Ratings :
 Do you have experience in cargo tank cleaning operations ? _____
 Cargo Stripping or Topping-up operations? _____

MEDICAL and HEALTH History – Has applicant suffered from, been diagnosed , sought advice or treatment from a medical doctor on the following conditions . Please check mark (/) in the appropriate box

Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ear Problem/Deafness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hepatitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Schistosomiasis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Arthritis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Elevated Uric Acid	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hernia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sexually Transmitted Diseases	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Eye problem	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hypertension	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Skin Diseases	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back injury/ Back/ joint pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fainting Spells, Fits, Seizures or other Neurological Disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Insomnia or sleep disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Stomach Problems or Ulcer,Gastritis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blood Disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Frequent Dizziness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Kidney or Bladder Disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Surgical Operations If yes, specify type of surgery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cancer or Tumor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Frequent Headaches	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Lung Disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tropical Diseases (e.g.malaria , typhoid,specify date	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Color Blindness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Goiter or other endocrine disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Nose and Throat Disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tuberculosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Depression , other mental disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Head or neck injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pneumonia	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Diabetes Mellitus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heart Disease or Chest Pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rheumatic Fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

PREVIOUS HOSPITALIZATION(S)OPERATIONS

1. Have you been repatriated due to illness or accident? Yes No If Yes, please narrate circumstances/date occurred : _____
2. Have you visited a hospital or consulted a doctor for the last 12 months Yes No If Yes, pls specify the reason/illness _____
3. Have you ever been declared unfit for sea duty? Yes No
4. Has your medical certificate ever been restricted or revoked? Yes No
5. Are you aware that you have any medical problems. Disease or illness Yes No
6. Do you feel healthy and fit to perform the duties or your designated position Yes No
7. Are you taking any non-prescription or prescription medication Yes No
 If yes, please list the medication (s) taken/being taken and the purposes and dosage(s): _____

I HEREBY CERTIFY that the above information are true and correct to the best of my knowledge.

Crew Signature Over Printed Name /Date