



APPLICATION FORM

BCM - Kotor, Stari Grad 430, 85350 Kotor, Montenegro
Tel: +382 22 30 46 96, +382 22 30 46 97, Fax: +382 22 33 44 77
info@bcm-kotorportagent.com, www.bcm-kotorportagent.com

Position: _____ In Yachting since: _____ Today's Date: _____ Start Date: _____
Name: _____ Salary: _____ Negotiable Y N

Current Local Contact Address - Street/ Crew House: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ MobilVoice: _____ E-mail: _____

Permanent Address for future long term Contact (Parents or closest Relative)

Street: _____ City: _____ Country: _____

Permanent Emergency Phone: _____ MobilVoice: _____

Personal Data

Citizenship: _____

Other citizenship (if applicable) _____

Drivers License# _____ Country: _____

Social Security No. _____

Passport No. _____ Expiry Date: _____

Visa Types: _____ Expiry Date: _____

Height: _____ Weight: _____ M F

Hair: _____ Eyes: _____ Date of Birth: _____

Clothing Size (US): Shirts: _____ Pants: _____ Shoes: _____

Do you smoke? y N Occasionally Daily

Do you drink? y N Occasionally Daily

Health status: _____

Special dietary requirements: _____

Do you have tattoos that would be visible in a crew uniform? Y N
Explain: _____

Languages spoken fluently: _____

Languages Communicated: _____

Computer Literacy: Beginner Intermediate Advanced

Drug test: Date taken: _____ Will take: Y N

Ever convicted/ arrested: Y N Reason: _____

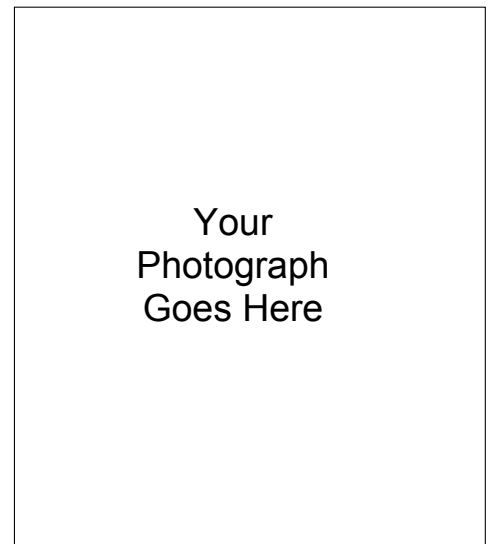
Agree to security check: Y N

Hobbies: _____

Last book you read _____

Dive Certified Y N Level: _____

STCW-95 Certified: Y N Date Completed: _____



I certify that information supplied by me in my resume, via my verbal, manual or electronic input are correct to the best of knowledge.

Signature _____



ENGINEER APPLICATION Page 2/2

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Name _____

Date _____

Type of Licenses: _____ Date/Year Completed: _____

Certificates: _____

Other Training: _____

Are you willing to interact with guest? Explain. _____

Would you share a cabin with another crew? Explain. _____

Will you assist with or perform tender operation for guest situations. _____

Describe yourself as a person. _____

Engine Experience

MTU Detroit Diesel Deutz Man Cat CUMM Perkins Other _____

Skills

Rate your skill level from 1 to 5. 1= novice, 5= expert.

| | | | | | |
|------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Electronic | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Electrical | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Carpentry | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Plumbing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Welding | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Experience

Rate your experience level from 1 to 5. 1= novice, 5= expert.

Engines

| | | | | | |
|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Diesel 2 Strokes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Diesel 4 Strokes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Diesel Turbo | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Jet Engines/Gas Turbines | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Gasoline 4-8 cylinders | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Alternators DC | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Generators | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Systems

| | | | | | |
|--------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Hydrophore Systems | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Air Conditioning | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Pneumatic Systems | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Refrigeration | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Watermakers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Autopilot | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Stabilizers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Bow Thrusters | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Steering gear | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

| | | | | | |
|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Engine Electronic Control System | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Vessel Alarms | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Monitoring Systems | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Program Logic Controllers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Hydraulics | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Navigational Bridge Electronics | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Outboards | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Jetskis/Waverunner | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Mooring Equipment | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Other _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |