**Application for Employment**

|  |  |  |
| --- | --- | --- |
| First NameGÖKHAN | Middle Name | Last Name/SurnameOKUROĞLU |
| NationalityTURKISH | Date of Birth20.03.1984 | Place of BirthISTANBUL |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Post applied for:MASTER | Willing to accept lower rank?[x] No | Date available From:END OF APRIL 2024 |

|  |  |
| --- | --- |
| Permanent Address:KORFEZ/KOCAELI | Present/Temporary Address:KORFEZ/KOCAELI |
|  |  |
|  |  |
| Tel: (+90) 536 328 24 48 | Mobile: |
| E-mail: okuroglugokhan@hotmail.com | Tel: |
| Nearest Airport: Istanbul airport | Nearest Airport |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Document** | **No.** | **Issued** | **Place** | **Valid Until** |
| Passport: | U24715290 | KÖRFEZ | KOCAELI | 19.08.2031 |
| Seaman’s Book (CDC): | S00289279 | MINISTRY OF TRANSPORTAND INFRASTRUCTURE | ISTANBUL | 06.03.2025 |
| US Visa C1/D | 20221757250001 | USA CONSULATE | ISTANBUL | 23/06/2027 |

|  |  |
| --- | --- |
| Name of Nominee for compensation in case of fatality: MESUT | Relationship: FATHER |
|  |
|  |
| City: KOCAELI | Address: KORFEZ/KOCAELI | Tel: (+90) 532 606 29 97  |

**Family Data:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Relationship** | **First Name** | **Last Name** | **Date of Birth** | **Passport No.** | **Issued** | **Place** | **Valid Until** |
| Spouse |  |  |  |  |  |  |  |
| Child M | MESUT | OKUROĞLU | 10.11.2012 |  |  |  |  |
| Child M  | TARIK | OKUROĞLU | 15.06.2015 |  |  |  |  |
| Child M F |  |  |  |  |  |  |  |
| Child M F |  |  |  |  |  |  |  |
| Child M F |  |  |  |  |  |  |  |
| Next of kin name | HATICE | OKUROĞLU | 01.07.1992 |  |  |  |  |
| Relationship | WIFE |  |  |  |  |  |  |

**CERTIFICATES/COURSES:**

**Have you got Basic Studies or HND (graduation certificate from**

 **colleage or university studies) after High/ Secondary School?** **[x] Yes** **[ ] No**

Highest Competency Certificate Held:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Issuing Authority** | **Grade (\*)** | **Certificate Number** | **Date Issued** | **Place Issued** | **Valid until** |
| National (Country) | Master FG | 77420412 | 06.01.2023 | ISTANBUL | 06.01.2028 |
| Others: |  |  |  |  |  |

**(\*)** Specify whether: Deck Class 1=Master FG Engine Class 1=1st CLASS (M), (S), (M+S)

2=1st Mate FG 2=2nd CLASS (M), (S), (M+S)

3= OOW FG 3= OOW (M), (S), (M+S)

Other Certificates held and courses attended:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course/Certificate** | **Certificate Number** | **Date Issued** | **Place Issued** | **Valid Until** |
| Personal Survival Techniques |  |  |  |  |
| Proficiency in Survival Craft & Rescue Boat |  | 01/06/2023 | ISTANBUL | 12.12.2027 |
| Elementary First Aid/ Medical First Aid |  | 01/06/2023 | ISTANBUL | 12.12.2027 |
| Ship Master’s Medicare |  |  |  |  |
| Fire Prevention & Fire Fighting |  | 01/06/2023 | ISTANBUL | 12.12.2027 |
| Fire Fighting Advanced |  | 01/06/2023 | ISTANBUL | 12.12.2027 |
| Personal Safety & Social Responsibility |  | 01/06/2023 | ISTANBUL | 12.12.2027 |
| Radar Observer |  | 14/06/2013 | ISTANBUL | UNLIMITED |
| Radar Simulator |  | 14/06/2013 | ISTANBUL | UNLIMITED |
| A.R.P.A. |  | 14/06/2013 | ISTANBUL | UNLIMITED |
| Ship Maneuvering Simulator |  | 16.06.2020 | ISTANBUL | UNLIMITED |
| Engine Room Simulator |  |  |  |  |
| Liquid Cargo Handling Simulator |  |  |  |  |
| Ship Security Officer |  | 15/06/2020 | ISTANBUL | 15/06/2025 |
| G.M.D.S.S |  | 06/03/2020 | ISTANBUL | 06/03/2025 |
| Revalidation |  |  |  |  |
| ECDIS |  | 14/06/2013 | ISTANBUL | UNLIMITED |
| Shipboard Safety Officer Course |  |  |  |  |
| Bridge Team / Resource Management |  | 14/06/2013 | ISTANBUL | UNLIMITED |
| Others: |  |  |  |  |

# SEA EXPERIENCE:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Company** | **Vessel** | **Type** | **IMO****No.** | **DWT** | **Rank** | **Date From dd/mm/yy** | **Date To dd/mm/yy** |
| SYNERGY GERMANY | BOSPHORUS-M | BC | 9359818 | 55000 | MASTER | 28/11/2023 | 01/04/2024 |
| CHARTERWELL | ANASTASIA K | BC | 9492074 | 78882 | MASTER | 12/05/2023 | 04/08/2023 |
| CHARTERWELL | ANASTASIA K | BC | 9492074 | 78882 | C/O | 15/04/2023 | 12/05/2023 |
| - | - | - | - | - | - | - | - |
| E[Q](https://en.wikipedia.org/wiki/Q)UINOX | AKRA | BC | 9757929 | 63000 | C/O | 28/10/2021 | 27/04/2022 |
| E[Q](https://en.wikipedia.org/wiki/Q)UINOX | EAGLE | BC | 9711298 | 63000 | C/O | 28/08/2020 | 29/04/2021 |
| ARUNA | ARUNA HULYA | BC | 9635391 | 55582 | C/O | 10/07/2019 | 27/12/2019 |
| INCE | INCE ANKARA | BC | 9481714 | 106600 | C/O | 11/05/2018 | 16/11/2018 |
| INCE | INCE PAIFIC | BC | 9229001 | 45000 | C/O | 05/06/2017 | 13/12/2017 |
| MARDAS | OCEAN ROYAL | BC | 9465150 | 58000 | C/O | 17/11/2016 | 27/04/2017 |
| MARDAS | OCEAN FREEDOM | BC | 9423932 | 58000 | C/O | 24/02/2016 | 19/08/2016 |
| MARDAS | OCEAN FUTURE | BC | 9418779 | 58000 | C/O | 16/06/2015 | 18/01/2016 |

# Sizes details

**Your height (Cm): 174**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Small | Medium | Large | XL | XXL | XXXL | Or Number |  |

**Your weight (Kg): 72**

**Boiler Suit Size: L**

**Safety Shoes Size (EU): 42**

MEDICAL HISTORY

*It is of utmost importance that all illnesses other than minor afflictions should be stated. The Company is entitled to refuse any claim for treatment, cost or any other insured benefits if a complete statement of all previous illnesses has not been given.*

1. Have you ever signed off a ship due to medical reasons?[ ]  [x] **No**
2. If yes, please provide following details:

|  |  |  |
| --- | --- | --- |
| **Name of vessel** | **Date of occurrence** | **Place of occurrence** |
|  |  |  |
| Brief description of illness/injury/accident |

1. Have you undergone any operation in the past? [x] **No**
2. If yes, pleaseprovide following details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of operation** | **Date** | **Period of disability** | **Present condition** |
|  |  |  |  |
|  |  |  |  |

1. For what illnesses or accidents have you consulted a doctor during the last 12 months? **NO**

|  |  |  |
| --- | --- | --- |
| **Details of Illness** | **Date** | **Therapy/Treatment** |
|  |  |  |

1. Please give details of any health or disability problem: **NIL**

|  |  |
| --- | --- |
| **Details of Illness** |  |
|  |  |

GENERAL

1. Have you ever been denied a foreign visa?[ ]  [x] **No**
2. If yes, state which country and reason (if known)
3. Have you been the subject of a court of enquiry or involved in a maritime accident? [x]  **No**

If yes, please attach details