

PREVIOUS VESSEL EMPLOYMENT (LIST MOST RECENT VESSEL ON TOP LINE)

| FROM (mm/dd/yy) | TO (mm/dd/yy) | SERVED | | RANK | SENIOR OFFICER NATIONALITY | VESSEL NAME | TYPE OF VESSEL | FLAG | GRT | BHP | ENGINE TYPE / ENGINE MAKE | CAUSE OF DISCHARGE | MANNING AGENCY | SHIP OWNER |
|--------------------|------------------|--------|------|------|-------------------------------|-------------|----------------|------|-----|-----|------------------------------------|-----------------------|----------------|------------|
| | | MOS. | DAYS | | | | | | | | | | | |
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PREVIOUS LANDBASE EMPLOYMENT

| FROM | TO | AGENCY / EMPLOYER | POSITION | REASON FOR LEAVING |
|------|----|-------------------|----------|--------------------|
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OTHER INFORMATION

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| <p>HAVE YOU BEEN TERMINATED FROM YOUR PREVIOUS CONTRACT?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF YES, PLEASE SPECIFY:</p> <p>_____</p> | <p>DO YOU HAVE ANY RELATIVES WORKING WITH C.F. SHARP?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF YES, PLEASE SPECIFY NAME AND POSITION:</p> <p>_____</p> | <p>HAVE YOU BEEN SIGNED OFF A SHIP DUE TO MEDICAL REASON?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF YES, PLEASE SPECIFY:</p> <p>_____</p> |
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We appreciate your interest in joining our organization. If you do not hear from us, your application has not currently been approved and will be filed for future consideration. Again, we request that you re-check this application to ensure that all questions have been fully and properly answered. Filling out this application form does not guarantee the employment.

Signature over printed name: _____

Date: MM _____ DD _____ YYYY _____