**APPLICATION/ PERSONAL DATA FORM**

**Informare / Consimtamant cu privire la prelucrarea**

**datelor cu caracter personal ale aplicantilor**

1. Partile,

***CRONOS CREWING AGENCY S.R.L.*, *operator*,**  avand urmatoarele date de identificare: adresa Aleea Cameliei nr.2, Bl.L3, Sc.C, Ap.43, Constanța, România, telefon: +40 341 425 965, email: office@cronoscrewing.ro , **isi asuma angajamentul de a respecta datele cu caracter personal colectate si de a se conforma prevederilor legale aplicabile privind protectia acestora.**

Date contact Responsabilul cu protectia datelor personale / DPO email **:** **legal@cronoscrewing.ro**

si ***Aplicant***, …………………...........................….............., persoana vizata, identificat prin carnet de marinar nr.: .............................., email: ….………………..……….......... ,telefon: …………………………………..

1. ***CRONOS CREWING AGENCY S.R.L.*** ia in serios securitatea datelor personale pe care le prelucreaza.

Am implementat si revizuim periodic masurile organizatorice si tehnice de securitate menite sa reduca riscul accesului neautorizat, modificarii, dezvaluirii sau distrugerii neautorizate a datelor personale cu respectarea urmatoarele principii aplicabile securitatii informatiei: confidentialitate, integritate, disponibilitate, autenticitate, non-repudiere.

1. In situatia in care, cand nu exista o obligatie legala si daca se justifica printr-un interes legitim pentru derularea activitatilor comerciale, ***CRONOS CREWING AGENCY S.R.L.***  proceseaza date personale doar cu consimtamantul persoanei vizate si cu implementarea masurilor de securitate necesare protectiei datelor.
2. **In cazul aplicantilor pentru un loc de munca la bordul navei, *CRONOS CREWING AGENCY S.R.L.***   colecteaza, stocheaza si prelucreaza urmatoarele tipuri de date cu caracter personal:
* nume si prenume;
* cod numeric personal;
* adresa de domiciliu;
* numar de telefon mobil/fix;
* adresa de email;
* pasaport
* carnet de marinar
* brevet
* cursuri IMO si altele specifice
* detaliile contului bancar
* analize medicale
* istoric sea-service
* persoana de contact
1. Datele mentionate mai sus sunt colectate, stocate si prelucrate in scopul:
2. In vederea propunerii catre un potential angajator;
3. Comunicarii de cerinte privind organizarea si derularea activitatilor la bordul navei;
4. Identificarii persoanei in scopul derularii procesului de recrutare si plasare personal;
5. Crearii si gestionarii unei baze de date informatice pe teritoriul Romaniei privind aplicantii;
6. Studii si analize statistice privind serviciile noastre;
7. Indeplinirea cerintelor legale sau de reglementare aplicabile procesului de recrutare;
8. Durata de pastrare a datelor persponale:
* Datele personale folosite pentru activitati de informare si comunicare ca privind activitatile la bordul navei ca si cele de angajare vor fi pastrate **pana la anularea prezentului consimtamant.**

Informatiile personale colectate nu vor fi utilizate in niciun alt scop decat cel prevazut mai sus in acest document.

Prelucrarea se face prin mijloace automatizate si manuale.

1. Informatiile colectate sunt destinate utilizarii de catre operator in scopurile precizate si sunt transmise urmatorilor destinatari:
* ANR
* Armatori
* Institutii ale statului - in cazul in care exista un interes legitim
* Agentii navelor - in vederea realizarii formalitatilor pentru accesul la bordul navelor
* Asiguratorilor (in caz de accidente sau deces la bordul navei)
1. In conformitate cu cerintele privind protectia datelor personale, persoana vizata/ aplicantul are dreptul de acces si de interventie asupra datelor cu caracter personal furnizate.

**Drepturile persoanei vizate:**

* aveti dreptul de a va retrage oricand acest consimtamant;
* aveti dreptul de a fi informat cu privire la datele dumneavoastra cu caracter personal pe care ***CRONOS CREWING AGENCY S.R.L.***  le detine.
* aveti dreptul de a solicita stergerea sau actualizarea datelor incomplete, incorecte sau care nu mai sunt de actualitate.
* aveti dreptul, pentru motive intemeiate si legitime, de a va opune anumitor prelucrari de date personale, cu exceptia cazurilor in care exista dispozitii legale contrare sau ***CRONOS CREWING AGENCY S.R.L.***  nu poate oferi serviciile solicitate in lipsa respectivelor date.
* aveti dreptul de a solicita incetarea prelucrarii datelor personale in scop de marketing direct sau pentru crearea de oferte personalizate.
* sa vi se ofere un raport privind informatiilor personale pe care le detinem, raport ce are sa contina:

(a) sursa informatiilor dvs. personale;

(b) scopurile si metodele de prelucrare;

(c) identitatea operatorului de date; si

(d) entitatile sau categoriile de entitati carora le pot fi transferate informatiile personale;

* incetarea procesariii informatiile dumneavoastra. personale, integral sau partial, in orice scop, cu exceptia cazului in care este legal sa facem acest lucru fara consimtamant;
* sa modificati modul in care va contactam;
* sa corectati erorile din informatiile dumneavoastra personale; si
* sa actualizati informatiile dumneavoastra personale in functie de necesitati.

9. Puteti sa va schimbati oricand preferintele pentru comunicarea cu ***CRONOS CREWING AGENCY S.R.L*.**

Cititi cu atentie aceast document pentru a afla cum puteti verifica acuratetea oricaror informatii personale pe care le avem despre dumneavoastra si cum puteti solicita ca ***CRONOS CREWING AGENCY S.R.L.***  sa nu mai foloseasca, sa nu actualizeze informatiile personale sau sa le stearga.

Va este recunoscut dreptul de a va adresa Autoritatii Nationale pentru Protectia Datelor cu Caracter Personal sau justitiei pentru apararea oricaror drepturi garantate de legislatia privind protectia datelor cu caracter personal care v-au fost incalcate (info: [www.dataprotection.ro](http://www.dataprotection.ro), tel. 0318 059 211).

Mai multe detalii privind prelucrarea datelor personale gasiti in politica privind protectia datelor personale, afisata in sediul firmei, publicata pe site www.cronoscrewing.ro sau poate fi obtinuta la cerere de la DPO.

**Persoana vizata si *CRONOS CREWING AGENCY S.R.L.***  **isi rezerva dreptul de a actualiza aceasta declaratie oricand, cu informare si acceptul celeilalte parti.**

**10. Prin semnarea acestui document persoana vizata este de acord cu prelucrarea tipurilor de date specificate, in scopurile mentionate pentru prelucrare.**

**Temeiul prelucrarii este respectarea cerintelor legale de reglementare specifice activitatilor de formare profesionala a adultilor si financiar contabile de pe teritoriul Romaniei si activitati legitime specifice prelucarii datelor efectuate de *CRONOS CREWING AGENCY S.R.L*..**

**In cazul in care, dintr-un anumit motiv, nu sunteti de acord cu cerintele de mai sus, va rugam sa ne informati.**

**In situatia in care, in urma analizarii nu se poate ajunge la un acord privind conditiile prelucarii si securitatii datelor personale ale persoanei vizate care ca aiba un temei legal, nu se poate derula procesul de formare profesionala si nu se poate demara o colaborare cu persoana vizata.**

Retragerea consimtamantului nu afecteaza legalitatea prelucrarii efectuate pe baza consimtamantului inainte de retragerea acestuia.

In cazul in care, dupa ce v-ati dat acordul, doriti sa retrageti acest consimtamant sau sa-l modificati, va rugam sa trimiteti cererea dumneavoastra scrisa, datata, semnata la adresa legal@cronoscrewing.ro sau prin posta la adresa Aleea Cameliei nr.2, Bl.L3, Sc.C, Ap.43, Constanța, România sau sa o inmanati Responsabilului cu protectia datelor personale (DPO).

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| Sunt de acord cu prelucarea datelor personale conform celor descrise mai sus, Data:Nume si prenume persoana vizata: | Operator/ ***CRONOS CREWING AGENCY S.R.L.***  Nume si prenume responsabil operator:  |
| Semnatura | Semnatura  |
|  | Data |

DATE OF APPLICATION:

POSITION APPLIED FOR: 1st Choice

2nd Choice

DATE AVAILABLE FOR SERVICE:

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| **PERSONAL INFORMATION** |
| Family Name |  | First Name |  |
| Middle Name |  | Birth Date (dd/mm/yy) |  |
| Nationality |  | Birth Place |  |
| Marital Status  |  | Religion |  |
| Height (cm) |  | Weight (kg) |  |
| Father’s Full Name |  | Mother’s Full Name |  |
| Birth Date (dd/mm/yy) |  | Birth Date (dd/mm/yy) |  |
| Shoes size |  | Uniform size |  |
| **ADDRESS (include telephone country & area codes, advise also secondary or contact addresses if any)** |
| Street & Number |  | E-Mail address |  |
| City |  | Mobile Number |  |
| State, Country |  | Residence Number |  |
| Postal (ZIP) Code |  | Fax Number (If any) |  |
| **NEXT OF KIN INFORMATION (person to contact in case of emergency & insurance beneficiary)** |
| Family Name |  | First Name |  |
| Middle Name |  | Birth Date (dd/mm/yy) |  |
| Nationality |  | Relationship |  |
| Street & Number |  | E-Mail Address |  |
| City |  | Mobile Number |  |
| State, Country |  | Residence Number |  |
| Postal (ZIP) Code |  | Fax Number (If any) |  |
| **Name of Dependents** | **Sex** | **Relationship** | **Date of Birth (dd/mm/yy)** |
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| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| **REMARKS** |
| English Language Skills | Spoken:  | Written:  |  |
| Other Foreign Languages |  |  |  |
| Professional School/Academy/ |  |  |  |
| Course / Period (From – To) |  |  |  |
| Foreign Crew Experience(specify nationalities) |  |  |  |
| Further Remarks |  |  |  |

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| **A. TRAVEL DOCUMENTS AND COC** |
| **Document Name (Description)** | **Document Number** | **Country of Issue** | **Place of Issue** | **Date of Issue** | **Expiry Date** |
| Passport |  |  |  |  |  |
| Seaman’s book (National) |  |  |  |  |  |
| Seaman’s book (Flag State) |  |  |  |  |  |
| Endorsement (Flag State) |  |  |  |  |  |
| Certificate of Competency |  |  |  |  |  |
| Certificate of Endorsement |  |  |  |  |  |
| Vaccination of Yellow Fever |  |  |  |  |  |
| Vaccination (Others) |  |  |  |  |  |
| Visa – USA |  |  |  |  |  |
| Visa – Other (Work/Residence/Permits) |  |  |  |  |  |
| **B. TRAINING CERTIFICATES** |
| **Certificates** | **Document Number** | **Country of Issue** | **Place of Issue** | **Date of Issue** | **Expiry Date** |
| Basic Safety & Emergency Course |  |  |  |  |  |
| Basic Training for Oil & Chemical Tanker |  |  |  |  |  |
| Advanced Training for Oil Tanker |  |  |  |  |  |
| Advanced Training for Chemical Tanker |  |  |  |  |  |
| Advanced Training for Liquefied Gas Tanker |  |  |  |  |  |
| Cargo Handling Simulator/Ship Handling |  |  |  |  |  |
| ERM Simulator |  |  |  |  |  |
| Proficiency in Survival Craft and Rescue Boats |  |  |  |  |  |
| Advance Fire Fighting |  |  |  |  |  |
| Medical Emergency First Aid |  |  |  |  |  |
| Medical Care |  |  |  |  |  |
| ECDIS  |  |  |  |  |  |
| Fast Rescue Boat |  |  |  |  |  |
| Hazardous Cargoes |  |  |  |  |  |
| Bridge/Engine Resource Management |  |  |  |  |  |
| Ship Simulator & Bridge/Engine Teamwork |  |  |  |  |  |
| MARPOL Annex 1 |  |  |  |  |  |
| Risk Assessment |  |  |  |  |  |
| Automatic Radar Plotting Aid |  |  |  |  |  |
| Deck/Engine Watch Keeping |  |  |  |  |  |
| Global Maritime Distress and Safety System |  |  |  |  |  |
| General Operator Course |  |  |  |  |  |
| Accident Investigation & Reporting |  |  |  |  |  |
| SSO |  |  |  |  |  |
| High Voltage |  |  |  |  |  |
| Culinary Course |  |  |  |  |  |
| Welding Course |  |  |  |  |  |
| IACS Certificate (Welders) |  |  |  |  |  |
| HELM |  |  |  |  |  |
| SSD |  |  |  |  |  |

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| VESSEL | ENGINE | VESSEL | FLAG | MANNING | NAME OF | RANK | SALARY | SIGN-ON DATE | SIGN-OFF DATE | SERVICE | SIGN-OFF |
| GRT | TYPE | TYPE | NAME |  | AGENCY | PRINCIPAL |  | U$ | dd | mm | yy | dd | mm | yy | mm | dd | REASON |
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Who referred you to on this company?

Any relative on this company? If YES, Who

Trade route of past vessels (Last 3 years)

Are you willing to accept assignment in any part of the world?

If so, are you willing to obey all the terms and conditions of employment?

What organization/association are you a member?

Have you ever contacted any disease? **If YES, what is the nature?** Please add a blank page with its full description. For your attention, knowingly conceals and does not disclose past medical condition, disability and history in the pre-employment medical examination constitutes fraudulent misrepresentation and shall disqualify you from any compensation and benefits. This may also be a valid ground for termination of employment and imposition of the appropriate administrative and legal sanctions.

Person to notify in case of emergency:

Address:

 Tel No:

Are you a member of ITF?

Do you have a pending case with any port / administrative authority and / or other Agencies?

If YES, state your case

I HEREBY CERTIFY AND CONFIRM that the foregoing information is true and correct and that any misrepresentation or distortion of material facts will be sufficient ground for denial of this application. I’m aware that any falsification of the above shall be a cause of my dismissal in case I am employed.

I ALSO CERTIFY AND CONFIRM that I have not paid nor promised to pay any monetary consideration

 APPLICANT’S SIGNATURE

FOR OFFICIAL USE ONLY

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| INTERVIEWED BY | COMMENTS | ACCEPTED OR REJECTED |
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