



The Apollo Group

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PHOTO
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APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

1. Personal Information

Last Name: MUKIAURA	
First Name: DAVID PELONICAH	Middle Name(s): LIANGUI
Date of Birth (mm/dd/yyyy):	Birth Place (city): NAIROBI
Country of Birth:	Nationality: KENYAN
Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Hair Color: BLACK
Weight: _____ lbs. or 78 kgs.	Height: 5'6 feet _____ inches or _____ cm
Do you have Tattoos? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Are the tattoos visible when wearing short-sleeved shirts, shorts or skirts? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2. Contact Information

Permanent Address

Street 1: KITALE LANE	Street 2:
City: NAIROBI	State/Province: NAIROBI
Zip/Postal Code: 0100	Country: NAIROBI, KENYA

Phone Numbers (include country codes and area codes) and E-mail

Home Phone: 0725406002 (+254)	Mobile Phone: 0727111962 (+254)
E-mail Address: pellemwaura@gmail.com	

3. Dependant Information

Marital Status: Single Married Divorced Widowed Other

Number of children under 18 years of age? **1** **12 yrs**

Emergency Contact Information

In the event of an emergency, I would like the company to contact the following person or persons:

Person 1	Relationship:
Last Name: NJERI MUKIAURA	BROTHER
First Name: DAVID	Middle Name(s): MUKIAURA
Home Phone:	Mobile Phone: +254-735686190
E-mail Address:	

Person 2	Relationship: MOTHER
Last Name: MUKIAURA	
First Name: LILIAN	Middle Name(s): LIANGUI
Home Phone: +254-722764921	Mobile Phone: +254-714731183
E-mail Address:	

4. Position Desired				
Position Desired: CDP PASTRY		Salary Desired (USD): 2400		
Have you worked on cruise ships before: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, list last company:		
5. Documentation Information				
Passport Information				
Passport Number: AK0671749		Passport Nationality: KENYAN		
Date of Issue (mm/dd/yyyy): 16/01/2020		Place of Issue: NAIROBI		
Date of Expiration (mm/dd/yyyy): 15 JAN 2030				
Crew Visas				
Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Visa No:	Type:
C1/D:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
C1:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
D:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Schengen:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other 1:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other 2:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
STCW Certification				
Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Certificate Number:	
Elementary First Aid (BST)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Fire Prevention & Fire Fighting (BST)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Personal Safety & Social Responsibility (BST)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Personal Survival Techniques (BST)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Crowd Management & Passenger Safety	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Crisis Management & Human Behavior	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Security Awareness	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Seaman's Books				
Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Number:	Nationality:
National:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Flag State 1:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Flag State 2:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Certificates				
Type	Yes/No or Not Applicable:	Date of Issue (mm/dd/yyyy):	Date of Expiration (mm/dd/yyyy):	Comments:
Ship's Cook	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Other 1:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			

6. Employment History

List most recent employer first

Employer/Company Name: KIBONDENI CATERING UNIT		Company Phone No:	
Position Held: TRAINEE/COMMIS		Supervisor Name: BARNETTE MBURA	
From (mm/dd/yyyy): 2017 NOV		To (mm/dd/yyyy): 2018 FEB	
Starting Salary in USD: 800		Ending Salary in USD:	
Reason for Leaving:			
Employer/Company Name: HOB HOUSE		Company Phone No:	
Position Held: CDP PASTRY		Supervisor Name: SHAKILLA NDITENDIREZZA	
From (mm/dd/yyyy): 2020 JAN 14		To (mm/dd/yyyy): 2021 02 FEB	
Starting Salary in USD: 1200		Ending Salary in USD: 1400	
Reason for Leaving: COVID			
Employer/Company Name: STATE RESTAURANT		Company Phone No:	
Position Held: CDP PASTRY		Supervisor Name: LUCA PINTUS	
From (mm/dd/yyyy): 2021 APRIL 4		To (mm/dd/yyyy): TO DATE	
Starting Salary in USD: 1600		Ending Salary in USD:	
Reason for Leaving: SEEKING BETTER OPPORTUNITY & MORE EXPERIENCE			


7. Education

	School Name and City	No. of Years	From (mm/dd/yyyy):	To (mm/dd/yyyy):	Major/Diploma
High School:	RUTHIMITU HIGH SCHOOL	4	02/02/2006	01/27/2009	CERT HIGH SCHOOL
College:	KIBONDENI COLLEGE	2	2017/03/	02/2017	CERT IN HOSPITALITY
University:					
Apprenticeship:	RAISON BLU	6 months	2018	2018 DEC	TRAINEE
Other:					

8. Languages

Language:	Proficiency Level Speak:	Proficiency Level Write:
English (mandatory):	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input checked="" type="checkbox"/> Fluent	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input checked="" type="checkbox"/> Fluent
Spanish:	<input type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
French:	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
German:	<input type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
Other 1 KISWAHILI :	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input checked="" type="checkbox"/> Fluent	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input checked="" type="checkbox"/> Fluent
Other 2 _____:	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent

I hereby certify that all information contained in this application form is true and correct, and I understand that any mis-representation or intentional omissions are grounds for denial of hire or reason for dismissal.



 Signature of Applicant

26/01/2023

 Date (mm/dd/yyyy)

Please do not write in the space below. This section is to be completed by the recruitment agency.

Agency Name:		Location:	
Prescreened: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Prescreener:		Date of Prescreen:
References checked: <input type="checkbox"/> Yes <input type="checkbox"/> No	References checked by:		
Criminal Background Check: <input type="checkbox"/> Yes <input type="checkbox"/> No	Background checked by:		
Applicant has been provided with: <input type="checkbox"/> Job Description <input type="checkbox"/> General BYSS <input type="checkbox"/> Departmental BYSS			

Interview Results:

Apollo Interviewer:	Date:	Division:
Comments / Observations:	Approved Position:	
	Approved Salary:	Overall Rating <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
	English <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	Tech. Prof. <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
	Attitude <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	Grooming <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
	Social Skill <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	Energy <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
	Org. Fit <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	Confidence <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1

Education	Employment History	Skills	References
High School	2010-2012	Customer Service	2
College	2012-2014	Administrative Support	2
University	2014-2016	Administrative Support	2
Postgraduate	2016-2018	Administrative Support	2

Signature
Date (mm/dd/yyyy)

Signature