



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: <u>Guara</u>	
First Name: <u>LuEkins</u>	Middle Name(s): <u>Junior</u>
Date of Birth (mm/dd/yyyy): <u>09/27/1999</u>	Birth Place (city): <u>Kisumu West</u>
Country of Birth: <u>Kenya</u>	Nationality: <u>Kenyan</u>
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color: <u>Black</u>
Weight: _____ lbs. or <u>62</u> kgs.	Height: <u>5'7"</u> feet _____ inches or _____ cm
Do you have Tattoos? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Are the tattoos visible when wearing short-sleeved shirts, shorts or skirts? <input type="checkbox"/> No <input type="checkbox"/> Yes	

2. Contact Information

Permanent Address

Street 1: <u>Gigiri</u>	Street 2:
City: <u>Nairobi</u>	State/Province:
Zip/Postal Code: <u>00100</u>	Country:

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

Home Phone: <u>+254 757 462 279</u>	Mobile Phone: <u>+254 757 462 279</u>
E-mail Address: <u>ajojunior567@gmail.com</u>	

3. Dependant Information

Marital Status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other
Number of children under 18 years of age? <u>0</u>

Emergency Contact Information

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

Person 1	Relationship: <u>Mother</u>
Last Name: <u>Oballah</u>	
First Name: <u>Cheryl</u>	Middle Name(s): <u>Awiti</u>
Home Phone: <u>0721934 717</u>	Mobile Phone: <u>0721934 717</u>
E-mail Address: <u>oballaawiti@gmail.com</u>	
Person 2	Relationship: <u>Aunt</u>
Last Name: <u>Adera</u>	
First Name: <u>Caroline</u>	Middle Name(s): <u>Aunor</u>
Home Phone: <u>0716365411</u>	Mobile Phone: <u>0716365411</u>
E-mail Address: <u>adecarolineaunor@gmail.com</u>	

4. Position Desired

Position Desired: *Commis chef* Salary Desired (USD): *1050 - 1250*
 Have you worked on cruise ships before: Yes No If yes, list last company:

5. Documentation Information

Passport Information

Passport Number: *BK 217 650* Passport Nationality: *Kenya*
 Date of Issue (mm/dd/yyyy): *17/09/2031* Place of Issue: *Nyaho House, Nairobi*
 Date of Expiration (mm/dd/yyyy): *16/09/2031*

Crew Visas

Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Visa No:	Type:
C1/D:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
C1:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
D:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Schengen:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

STCW Certification

Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Certificate Number:
Elementary First Aid (BST)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire Prevention & Fire Fighting (BST)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Safety & Social Responsibility (BST)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Survival Techniques (BST)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Crowd Management & Passenger Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Crisis Management & Human Behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Security Awareness	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Seaman's Books

Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Number:	Nationality:
National:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Flag State 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Flag State 2:	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No <input type="checkbox"/> N/A			
Other 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

6. Employment History

List most recent employer first

Employer/Company Name: <u>Tribe Hotels</u>		Company Phone No: <u>0728014610</u>	
Position Held: <u>Commis chef</u>	Supervisor Name: <u>Felix Maluni</u>		
From (mm/dd/yyyy): <u>02/14/2019</u>	To (mm/dd/yyyy): <u>02/14/2022</u>		
Starting Salary in USD: <u>370</u>	Ending Salary in USD: <u>400</u>		
Reason for Leaving: <u>End of contract.</u>			
Employer/Company Name:		Company Phone No:	
Position Held:	Supervisor Name:		
From (mm/dd/yyyy):	To (mm/dd/yyyy):		
Starting Salary in USD:	Ending Salary in USD:		
Reason for Leaving:			
Employer/Company Name:		Company Phone No:	
Position Held:	Supervisor Name:		
From (mm/dd/yyyy):	To (mm/dd/yyyy):		
Starting Salary in USD:	Ending Salary in USD:		
Reason for Leaving:			

7. Education

	School Name and City	No. of Years	From (mm/dd/yyyy):	To (mm/dd/yyyy):	Major/Diploma
High School:	<u>Usenge High School</u>	<u>4 yrs</u>	<u>02/07/2014</u>	<u>11/29/2017</u>	<u>K.C.S.E</u>
College:	<u>Kibondeni College</u>	<u>2 yrs</u>	<u>02/14/2019</u>	<u>09/27/2021</u>	<u>Diploma</u>
University:					
Apprenticeship:					
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 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
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 _____:	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input 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



Date (mm/dd/yyyy)

01/19/2023

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:
Comments / Observations:

Date:	Division:
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