



The Apollo Group

APPLICATION FOR EMPLOYMENT



USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

1. Personal Information

Last Name: OBIRI	
First Name: OBED	Middle Name(s): ORWARI
Date of Birth (mm/dd/yyyy): 02/10/2000	Birth Place (city): NAIROBI
Country of Birth: KENYA	Nationality: KENYAN
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color: BLACK
Weight: _____ lbs. or 66 kgs.	Height: 5 feet 8 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: WOODLEY	Street 2: WOODLEY
City: NAIROBI	State/Province: CENTRAL PROVINCE
Zip/Postal Code: 20423-00100	Country: KENYA
Phone Numbers (include country codes and area codes) and E-mail	
Home Phone: +254702625330	Mobile Phone: +254702625330
E-mail Address: obedyiriboe@gmail.com	

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? _____

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: NYABAGA	BROTHER
First Name: JUSTIN	Middle Name(s): MAKORI
Home Phone: +254702625330	Mobile Phone: +254710942523
E-mail Address: nyabasajustin@gmail.com nyabasajustin00@gmail.com	
Person 2	Relationship:
Last Name: OBWOGGE	MOTHER
First Name: JANE	Middle Name(s): MORAA
Home Phone: +254725224847	Mobile Phone: +254725224847
E-mail Address: obwoggejane128@gmail.com	

4. Position Desired

Position Desired: <u>CHEF COMMUN (COOK)</u>	Salary Desired (USD): <u>\$ 2500</u>
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: <u>CK 85751</u>	Passport Nationality: <u>KENYAN</u>
Date of Issue (mm/dd/yyyy): <u>11/21/2022</u>	Place of Issue: <u>NAIROBI</u>
Date of Expiration (mm/dd/yyyy): <u>11/20/2032</u>	

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 checked="" 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>FOUR POINTS BY OPERATION</u>		Company Phone No: <u>+254721307712</u>	
Position Held: <u>II COMMIS</u>		Supervisor Name: <u>ERICK MAINA</u>	
From (mm/dd/yyyy): <u>12/01/2020</u>		To (mm/dd/yyyy): <u>12/30/2022</u>	
Starting Salary in USD: <u>\$450</u>		Ending Salary in USD: <u>\$620</u>	
Reason for Leaving: <u>NEED FOR CAREER GROWTH</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>ST. STEPHEN KIWUMU</u>	<u>4</u>	<u>01/07/2013</u>	<u>12/23/2017</u>	<u>KENYA CERTIFICATE OF SECONDARY EDUCATION</u>
College:					
University:	<u>TECHNICAL UNIVERSITY OF KENYA NAIROBI</u>	<u>4</u>	<u>9/5/2018</u>	<u>8/7/2021</u>	<u>BACHELOR DEGREE</u>
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 checked="" type="checkbox"/> N/A <input 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
French:	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
German:	<input checked="" type="checkbox"/> N/A <input 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
Other 1 <u>SWAHILI</u> :	<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

01/25/2023

 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 Prescriber:		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