



## The Apollo Group

### APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY



#### 1. Personal Information

Last Name: <u>AGUNDA</u>	
First Name: <u>TREZA</u>	Middle Name(s): <u>AKINYI</u>
Date of Birth (mm/dd/yyyy): <u>09/20/1992</u>	Birth Place (city): <u>NAIROBI</u>
Country of Birth: <u>KENYA</u>	Nationality: <u>KENYAN</u>
Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Hair Color: <u>BLACK</u>
Weight: _____ lbs. or <u>65</u> kgs.	Height: <u>5</u> feet <u>3</u> 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>KABETE BARRACKS</u>	Street 2: <u>LORESHO RIDGE</u>
City: <u>NAIROBI</u>	State/Province: <u>CENTRAL PROVINCE</u>
Zip/Postal Code: <u>30497-00100</u>	Country: <u>KENYA</u>
Phone Numbers (include country codes and area codes) and E-mail	
Home Phone: <u>1254707208747</u>	Mobile Phone: <u>1254707208747</u>
E-mail Address: <u>agunda.t1@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? _____

#### Emergency Contact Information

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

<b>Person 1</b>	Relationship: <u>MOTHER</u>
Last Name: <u>AGUNDA</u>	
First Name: <u>MONICA</u>	Middle Name(s): <u>ACHIENG</u>
Home Phone: <u>+254732577588</u>	Mobile Phone: <u>+254720879714</u>
E-mail Address: <u>magunda72@gmail.com</u>	
<b>Person 2</b>	Relationship: <u>BROTHER</u>
Last Name: <u>WAWIRE</u>	
First Name: <u>RAYMOND</u>	Middle Name(s): <u>NGAO</u>
Home Phone: _____	Mobile Phone: <u>+254718765762</u>
E-mail Address: <u>ngao.wawire@gmail.com</u>	

4. Position Desired				
Position Desired:	WAITRESS		Salary Desired (USD):	850 USD
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:	AK1068852		Passport Nationality:	KENYAN
Date of Issue (mm/dd/yyyy):	03/04/2022		Place of Issue:	NAIROBI GPO
Date of Expiration (mm/dd/yyyy):	03/03/2032			
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 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 checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Other 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			

**6. Employment History**

List most recent employer first

Employer/Company Name: <u>JAMBOJET</u>	Company Phone No: <u>+254720423922</u>
Position Held: <u>FLIGHT ATTENDANT</u>	Supervisor Name: <u>KHALID ELKINDY</u>
From (mm/dd/yyyy): <u>01/04/2021</u>	To (mm/dd/yyyy): <u>09/31/2022</u>
Starting Salary in USD: <u>370 USD</u>	Ending Salary in USD: <u>500 USD</u>
Reason for Leaving: <u>END OF CONTRACT</u>	
Employer/Company Name: <u>KENYA AIRWAYS</u>	Company Phone No: <u>+254717354038</u>
Position Held: <u>CUSTOMER SERVICE AGENT</u>	Supervisor Name: <u>VALENTINE ODERO</u>
From (mm/dd/yyyy): <u>09/01/2020</u>	To (mm/dd/yyyy): <u>12/31/2020</u>
Starting Salary in USD: <u>150 USD</u>	Ending Salary in USD: <u>150 USD</u>
Reason for Leaving: <u>END OF INTERSHIP WITH PROMISE OF EMPLOYMENT</u>	
Employer/Company Name: <u>BIG SQUARE</u>	Company Phone No: <u>+254724809454</u>
Position Held: <u>WAITRESS</u>	Supervisor Name: <u>ANNEJOY NKATHA</u>
From (mm/dd/yyyy): <u>02/01/2017</u>	To (mm/dd/yyyy): <u>12/31/2019</u>
Starting Salary in USD: <u>250 USD</u>	Ending Salary in USD: <u>300 USD</u>
Reason for Leaving: <u>JOINING SCHOOL</u>	

**7. Education**

	School Name and City	No. of Years	From (mm/dd/yyyy):	To (mm/dd/yyyy):	Major/Diploma
High School:	<u>ST. JOSEPH'S MIOGIGI GIRLS</u>	<u>4</u>	<u>02/01/2006</u>	<u>11/20/2011</u>	<u>SOCIAL SCIENCE</u>
College:	<u>KENYA AIRWAYS - PRIDE CENTRE</u>	<u>1</u>	<u>02/02/2020</u>	<u>07/30/2021</u>	<u>PAWENGER HANDBOOK</u>
University:	<u>MEDIA SCHOOL OF AFRICA</u>	<u>2</u>	<u>01/04/2013</u>	<u>05/31/2015</u>	<u>PUBLIC RELATIONS</u>
Apprenticeship:					
Other:					

**8. Languages**

Language:	Proficiency Level Speak:	Proficiency Level Write:
	<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
English (mandatory):	<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
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.

Tagg  
Signature of Applicant

01/20/2023  
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