



The Apollo Group

APPLICATION FOR EMPLOYMENT



USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

1. Personal Information

Last Name: DENNIS	
First Name: BETT	Middle Name(s): KIPKOECH
Date of Birth (mm/dd/yyyy): 04/25/1996	Birth Place (city): CHEPALUNGU
Country of Birth: KENTA	Nationality: KENTAN
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color: BLACK
Weight: _____ lbs. or 74 kgs.	Height: 6 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2. Contact Information

Permanent Address	
Street 1:	Street 2:
City: NAKURU	State/Province: RIFT VALLAY PROVINCE
Zip/Postal Code: 20100	Country: KENTA
Phone Numbers (include country codes and area codes) and E-mail	
Home Phone: 254725739413	Mobile Phone: 254753243896
E-mail Address: kosgeijoseph76@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: GRANDFATHER
Last Name: KIMUTAI	
First Name: JOSEPH	Middle Name(s): KOSGEI
Home Phone: 254725739413	Mobile Phone: 254753243896
E-mail Address: Kosgeijoseph76@gmail.com	
Person 2	Relationship: NEIGHBOUR
Last Name: MUSILA	
First Name: JEREMY	Middle Name(s): MUTHEKE
Home Phone: 254724291381	Mobile Phone: 254732809811
E-mail Address: jeremymusila@gmail.com or musilajeremy@gmail.com	

4. Position Desired

Position Desired: CHEF DE PARTIE	Salary Desired (USD): 850 - 1000
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:	Passport Nationality:
Date of Issue (mm/dd/yyyy):	Place of Issue:
Date of Expiration (mm/dd/yyyy):	

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 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 checked="" type="checkbox"/> No <input checked="" 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: <u>KENYA ELECTRICITY GENERATING COMPANY (KENGEN)</u>		Company Phone No: <u>254711036864</u>	
Position Held: <u>CHEF DE PARTIE</u>	Supervisor Name: <u>MR. JEREMY MUSILA</u>		
From (mm/dd/yyyy): <u>08/20/2022</u>	To (mm/dd/yyyy): <u>01/20/2023</u>		
Starting Salary in USD: <u>680</u>	Ending Salary in USD: <u>720</u>		
Reason for Leaving: <u>END OF MY RENEWAL THREE MONTHS CONTRACTS.</u>			
Employer/Company Name: <u>HOTEL HYLISE</u>		Company Phone No: <u>254701586759</u>	
Position Held: <u>CHEF DE PARTIE</u>	Supervisor Name: <u>MR. HENRY KIGERA</u>		
From (mm/dd/yyyy): <u>10/01/2021</u>	To (mm/dd/yyyy): <u>04/30/2022</u>		
Starting Salary in USD: <u>400</u>	Ending Salary in USD: <u>450</u>		
Reason for Leaving: <u>END OF MY CONTRACT AND GOT GREENER PASTURES AT KENGEN.</u>			
Employer/Company Name: <u>GREAT RIFT VALLEY LODGE</u>		Company Phone No: <u>25420256399</u>	
Position Held: <u>COOK</u>	Supervisor Name: <u>MR. FRED OGINDA</u>		
From (mm/dd/yyyy): <u>05/01/2018</u>	To (mm/dd/yyyy): <u>08/30/2019</u>		
Starting Salary in USD: <u>250</u>	Ending Salary in USD: <u>320</u>		
Reason for Leaving: <u>career advancement and professional development</u>			

7. Education

	School Name and City	No. of Years	From (mm/dd/yyyy):	To (mm/dd/yyyy):	Major/Diploma
High School:	<u>SIGOR</u>	<u>4</u>	<u>01/01/2010</u>	<u>12/01/2013</u>	<u>CERTIFICATE</u>
College:	<u>NATIONAL YOUTH SERVICE SCHOOL OF CATERING</u>	<u>3</u>	<u>11/01/2015</u>	<u>11/30/2018</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

01/24/2023

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:
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