



The Apollo Group



APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

1. Personal Information

Last Name: OTIENO	
First Name: KEVIN	Middle Name(s): OTIENO
Date of Birth (mm/dd/yyyy): 10/10/1995	Birth Place (city): SIAYA
Country of Birth: KENYA	Nationality: KENYAN
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color: DARK
Weight: _____ lbs. or 80 kgs.	Height: 6 feet 1 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:	Street 2:
City: NAIROBI	State/Province: NAIROBI
Zip/Postal Code: 00510 - 17011	Country: KENYA
Phone Numbers (include country codes and area codes) and E-mail	
Home Phone:	Mobile Phone: +254723579379
E-mail Address: kevomooz45@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? N/A	
Emergency Contact Information	
In the event of an emergency, I would like the company to contact the following person or persons:	
Person 1	Relationship: BROTHER
Last Name: ODIPO	
First Name: CORNELIUS	Middle Name(s): ODUOR
Home Phone:	Mobile Phone: +254794700556
E-mail Address: codipo@ymail.com	
Person 2	Relationship: BROTHER
Last Name: OTIENO	
First Name: COLLINS	Middle Name(s): ODUOR
Home Phone:	Mobile Phone: +254718496043
E-mail Address: collocyan@gmail.com	

4. Position Desired				
Position Desired: COMMI CHEF		Salary Desired (USD): 900		
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: KENYAN		
Date of Issue (mm/dd/yyyy):		Place of Issue: NAIROBI		
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 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>HEALTHY U 2000 LTD</u>		Company Phone No: <u>+254721949175</u>	
Position Held: <u>CHEF TRAINEE</u>		Supervisor Name: <u>LINUS ISENDI</u>	
From (mm/dd/yyyy): <u>05/01/2017</u>		To (mm/dd/yyyy): <u>06/28/2019</u>	
Starting Salary in USD: <u>100</u>		Ending Salary in USD: <u>130</u>	
Reason for Leaving: <u>END OF CONTRACT</u>			
Employer/Company Name: <u>SOVEREIGN SUITES</u>		Company Phone No: <u>+254786202070</u>	
Position Held: <u>COMMI CHEF</u>		Supervisor Name: <u>PETERSON NJUNGUNA</u>	
From (mm/dd/yyyy): <u>07/03/2019</u>		To (mm/dd/yyyy): <u>04/30/2020</u>	
Starting Salary in USD: <u>300</u>		Ending Salary in USD: <u>400</u>	
Reason for Leaving: <u>CONTRACT TERMINATED DUE TO COVID-19</u>			
Employer/Company Name: <u>GOVERNMENT PRIVATE</u>		Company Phone No: <u>+254725530420</u>	
Position Held: <u>SOUS CHEF</u>		Supervisor Name: <u>PAULINE NJOROGE</u>	
From (mm/dd/yyyy): <u>05/25/2020</u>		To (mm/dd/yyyy): <u>08/31/2022</u>	
Starting Salary in USD: <u>400</u>		Ending Salary in USD: <u>700</u>	
Reason for Leaving: <u>END OF CONTRACT</u>			

7. Education

	School Name and City	No. of Years	From (mm/dd/yyyy):	To (mm/dd/yyyy):	Major/Diploma
High School:	<u>JERA SEC. SCHOOL</u>	<u>4</u>	<u>01/31/2012</u>	<u>11/27/2015</u>	<u>KCSE</u>
College:	<u>INSTITUTE OF CERTIFIED A ^{STUDIES}</u>	<u>2</u>	<u>04/04/2017</u>	<u>09/30/2019</u>	<u>CERTIFICATE</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 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 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
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

10/02/2022

 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		