



The Apollo Group



APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

1. Personal Information

Last Name: <u>MUNYALU</u>	
First Name: <u>BORHFACE</u>	Middle Name(s): <u>MWANZIRA</u>
Date of Birth (mm/dd/yyyy): <u>11.09.1995</u>	Birth Place (city): <u>KITUI</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>50</u> kgs.	Height: <u>5</u> feet <u>4</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2. Contact Information

Permanent Address	
Street 1: <u>NYRRI DOSH ROAD</u>	Street 2: <u>BOMBOLUKU ROAD</u>
City: <u>MOMBASA</u>	State/Province: <u>MOMBASA</u>
Zip/Postal Code: <u>80100</u>	Country: <u>KENYA</u>
Phone Numbers (include country codes and area codes) and E-mail	
Home Phone: <u>0703927103 0723572179</u>	Mobile Phone: <u>0723572179</u>
E-mail Address: <u>bournicmwanzira@icloud.com / bournic97@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:	
Person 1	Relationship: <u>BROTHER</u>
Last Name: <u>MUNYALU</u>	
First Name: <u>MBURU</u>	Middle Name(s): <u>JOHN</u>
Home Phone: <u>0768397579</u>	Mobile Phone: _____
E-mail Address: _____	
Person 2	Relationship: <u>SISTER</u>
Last Name: <u>MUNYALU</u>	
First Name: <u>MELIC</u>	Middle Name(s): <u>HIPUKU</u>
Home Phone: <u>0723208959</u>	Mobile Phone: _____
E-mail Address: _____	

4. Position Desired				
Position Desired: <i>cook / chef</i>			Salary Desired (USD): <i>1000</i>	
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 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>CAFESSERIA MOMBASA</u>		Company Phone No: <u>0720 094 497</u>	
Position Held: <u>DEPT CHIEF</u>	Supervisor Name: <u>PHILIP</u>		
From (mm/dd/yyyy): <u>08/15/2013</u>	To (mm/dd/yyyy): <u>10/30/2016</u>		
Starting Salary in USD: <u>123.05</u>	Ending Salary in USD: <u>164.07</u>		
Reason for Leaving: <u>GOING BACK TO ANOTHER HOTEL.</u>			

Employer/Company Name: <u>GRILL HOUSE BY RED TERRACE</u>		Company Phone No: <u>0796960001</u>	
Position Held: <u>HEADCHEF</u>	Supervisor Name: <u>STEVE BANDEY</u>		
From (mm/dd/yyyy): <u>12/01/2016</u>	To (mm/dd/yyyy): <u>10/28/2018</u>		
Starting Salary in USD: <u>205.17</u>	Ending Salary in USD: <u>279.03</u>		
Reason for Leaving: <u>WANTED TO LEARN NEW THINGS.</u>			

Employer/Company Name: <u>10 STREET</u>		Company Phone No: <u>1972 84 398 2009</u>	
Position Held: <u>HEADCHEF</u>	Supervisor Name: <u>YON VIDAL</u>		
From (mm/dd/yyyy): <u>01/07/2019</u>	To (mm/dd/yyyy): <u>TO DATE</u>		
Starting Salary in USD: <u>279.03</u>	Ending Salary in USD: <u>697.58</u>		
Reason for Leaving: <u>AM STILL WORKING HERE.</u>			

7. Education

	School Name and City	No. of Years	From (mm/dd/yyyy):	To (mm/dd/yyyy):	Major/Diploma
High School:	<u>MOMBASA SECONDARY</u>	<u>4 YEARS</u>	<u>01/03/2009</u>	<u>08/25/2012</u>	
College:					
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>KISIKHIZI</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

11/11/2022

 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

RED TERRACE LIMITED

P.O. BOX 80511-80100

Tel: +254-796-960001

Email: info@red-terrace.com

10th November 2022.

Bornface Munyalo
ID. No. 32334955

TO WHOM IT MAY CONCERN

This is to certify that Bornface Munyalo has been employed by us intermittently on contract in our Kitchen Department as a Chef from December 2016 to October 2018.

Bornface was the head chef of the kitchen and carried out his duties as required. He was a good team member and always respectful of his colleagues.

He left the company in October 2018, and we wish him all the best.

Sarah

DIRECTOR.



BONIFACE MWANZIA,

P.O BOX,

MOMBASA.

11.11.2022

REF:LETTER OF RECOMMENDATION

TO WHOM IT MAY CONCERN

The following is to confirm that Boniface Mwanzia was an employee of Cafisserie Limited from 15th January 2013 to 30th October 2016.

He worked as The Lounge chef which was a subsidiary of Cafisserie and at the grill station in Cafisserie Limited Mombasa.

During his tenure he proved himself to be a hardworking, time conscious, reliable and trustworthy employee.

He was a great asset and we wish him all the best in his future endeavor.

Please feel free to contact for any enquiries.

Regards,
General Manager,
Angela Ndugi,
+254202023769