



# The Apollo Group

ATTACH  
PHOTO  
HERE

## APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

### 1. Personal Information

Last Name:

First Name:

Middle Name(s):

Date of Birth (mm/dd/yyyy):

Birth Place (city):

Country of Birth:

Nationality:

Gender:  Male  Female

Hair Color:

Weight: \_\_\_\_\_ lbs. *or* \_\_\_\_\_ kgs.

Height: \_\_\_\_\_ feet \_\_\_\_\_ inches *or* \_\_\_\_\_ cm

Do you have Tattoos?  No  Yes

Are the tattoos visible when wearing short-sleeved shirts, shorts or skirts?  No  Yes

### 2. Contact Information

#### Permanent Address

Street 1:

Street 2:

City:

State/Province:

Zip/Postal Code:

Country:

#### Phone Numbers (include country codes and area codes) and E-mail

Home Phone:

Mobile Phone:

E-mail Address:

### 3. Dependant Information

Marital Status:  Single  Married  Divorced  Widowed  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:

First Name:

Middle Name(s):

Home Phone:

Mobile Phone:

E-mail Address:

#### Person 2

Relationship:

Last Name:

First Name:

Middle Name(s):

Home Phone:

Mobile Phone:

E-mail Address:

| 4. Position Desired  |   |   |                                  |              |
|--|---|---|----------------------------------|--------------|
| Position Desired:  |   | Salary Desired (USD): <b>800 - 1000</b> |                                  |              |
| Have you worked on cruise ships before: <input type="checkbox"/> Yes <input 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:  |  | 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:     |  |                       |  |
| 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:    |                      |              |                    |                  |               |
| College:        |                      |              |                    |                  |               |
| University:     |                      |              |                    |                  |               |
| Apprenticeship: |                      |              |                    |                  |               |
| Other:          |                      |              |                    |                  |               |

**8. Languages**

| Language:            | Proficiency Level Speak:   | Proficiency Level Write:   |
|----------------------|--|--|
| English (mandatory): | <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent                              | <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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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     |