



# The Apollo Group



## APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

### 1. Personal Information

Last Name: <u>Wainaina</u>	Middle Name(s): <u>Macharia</u>
First Name: <u>Wilson</u>	Birth Place (city): <u>Kiambu</u>
Date of Birth (mm/dd/yyyy): <u>05/10/1991</u>	Nationality: <u>Kenyan</u>
Country of Birth: <u>Kenya</u>	Hair Color: <u>Black</u>
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Height: <u>5'7</u> feet <u>6'8.4</u> inches or <u>173.74</u> cm
Weight: _____ lbs. or <u>65</u> kgs.	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:	Street 2:
City: <u>Nairobi</u>	State/Province: <u>Central</u>
Zip/Postal Code: <u>2124-0100 Thika</u>	Country: <u>Kenya</u>
Phone Numbers (include country codes and area codes) and E-mail	
Home Phone: <u>0718846462</u>	Mobile Phone: <u>0718846462</u>
E-mail Address:	

### 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>Friend</u>
Last Name: <u>Macharia</u>	Middle Name(s): <u>Githogore</u>
First Name: <u>Wilfred</u>	Mobile Phone: <u>0700217445</u>
Home Phone: <u>0700217445</u>	E-mail Address: <u>Wmacharia251@gmail.com</u>
<b>Person 2</b>	Relationship: <u>Relative</u>
Last Name: <u>Wainaina</u>	Middle Name(s): <u>Njeri</u>
First Name: <u>Mary</u>	Mobile Phone: <u>0795 955 302</u>
Home Phone: <u>0795 955 302</u>	E-mail Address: <u>MaryWainaina950@gmail.com</u>



4. Position Desired				
Position Desired: <u>Steward</u>		Salary Desired (USD): <u>1000</u>		
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>Sarova Stanley hotel</u>	Company Phone No: <u>0719,143,633</u>
Position Held: <u>Steward</u>	Supervisor Name: <u>Harrison Njugi</u>
From (mm/dd/yyyy): <u>23/8/2020</u>	To (mm/dd/yyyy): <u>to date</u>
Starting Salary in USD: <u>400</u>	Ending Salary in USD: <u>500</u>
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:	<u>Kamunyaka Secondary-Murang</u>	<u>4</u>	<u>7/1/2008</u>	<u>18/11/2011</u>	<u>Certificate</u>
College:	<u>K.C.A - Nairobi</u>	<u>1</u>	<u>4/1/2014</u>	<u>10/12/2015</u>	<u>Certificate</u>
University:	<u>MOUNT KENYA - THIKA</u>	<u>2</u>	<u>23/5/2012</u>	<u>11/12/2014</u>	<u>Diploma</u>
Apprenticeship:	<u>Sarova Stanley hotel</u>	<u>2</u>	<u>23/8/2020</u>	<u>To date</u>	
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

20/1/2023  
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