



The Apollo Group

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PHOTO
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APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

1. Personal Information

Last Name: SHINDJI		Middle Name(s): MALOBAT	
First Name: BRIAN		Birth Place (city): VITHIGA	
Date of Birth (mm/dd/yyyy): 9/24/1986		Nationality: KENYAN	
Country of Birth: KENYA		Hair Color: BLACK	
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Height: ___ feet ___ inches or ___ cm	
Weight: ___ lbs. or ___ 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

2. Contact Information

Permanent Address	
Street 1: HURUMA	Street 2:
City: NAIROBI	State/Province: WESTERN
Zip/Postal Code:	Country: KENYA
Phone Numbers (include country codes and area codes) and E-mail	
Home Phone: 0729275891	Mobile Phone: 0792817075
E-mail Address: mabbahbriana@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? 3

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: OKOMO	CURRENT MANAGER
First Name: CALVINCE	Middle Name(s):
Home Phone: 0712629491	Mobile Phone: 0712629491
E-mail Address:	
Person 2	Relationship:
Last Name: KAMBIDA	MOTHER
First Name: PRISCILLA	Middle Name(s): MALOBAT
Home Phone: 0105684233	Mobile Phone: 0729275891
E-mail Address:	

4. Position Desired				
Position Desired: CHEF DE PARTIE		Salary Desired (USD):		
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: N/A		Passport Nationality: KENYAN		
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	N/A		
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	N/A		
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	N/A		
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		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: EQUATOR PASTORAL RESORT		Company Phone No: 0792888828	
Position Held: HEAD CHEF	Supervisor Name: CALVINCE OKOMO		
From (mm/dd/yyyy): 6 TH DEC 2021	To (mm/dd/yyyy): UP TO DATE		
Starting Salary in USD: 350	Ending Salary in USD: 350		
Reason for Leaving: GREEN PASTURE			
Employer/Company Name: EQUATOR PASTORAL RESORT		Company Phone No: 0792888828	
Position Held: HEAD CHEF	Supervisor Name: CALVINCE OKOMO		
From (mm/dd/yyyy): 6 TH DEC 2021	To (mm/dd/yyyy): UP TO DATE		
Starting Salary in USD: 350	Ending Salary in USD: 350		
Reason for Leaving: GREEN PASTURES			
Employer/Company Name: RAINBOW BISTRO HOUSE		Company Phone No:	
Position Held: HEAD CHEF	Supervisor Name: GEOFFRE MALES		
From (mm/dd/yyyy): MAY 2015	To (mm/dd/yyyy): SEPT 2018		
Starting Salary in USD: 300	Ending Salary in USD: 300		
Reason for Leaving: EXPERIENCE			


7. Education

	School Name and City	No. of Years	From (mm/dd/yyyy):	To (mm/dd/yyyy):	Major/Diploma
High School:	SEKEMDE BOYS HIGH	4	2001	2004	CERTIFICATE
College:	KEMIA UTALI COLLEGE	2	2009	2011	CERTIFICATE
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 checked="" type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> N/A <input type="checkbox"/> Beginner <input checked="" 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

9/24/1986

 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