



The Apollo Group

ATTACH
PHOTO
HERE

APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

1. Personal Information

Last Name: <u>Muange</u>	
First Name: <u>James</u>	Middle Name(s): <u>Muambi</u>
Date of Birth (mm/dd/yyyy): <u>12/27th/1989</u>	Birth Place (city): <u>Nairobi</u>
Country of Birth:	Nationality: <u>KENTAN</u>
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color:
Weight: _____ lbs. or <u>89</u> kgs.	Height: <u>5'5"</u> feet _____ 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>44144</u>	Street 2:
City: <u>Nairobi</u>	State/Province:
Zip/Postal Code: <u>00100</u>	Country: <u>KENTAN</u>
Phone Numbers (include country codes and area codes) and E-mail	
Home Phone:	Mobile Phone: <u>0718642352</u>
E-mail Address: <u>James98.jm24.jm@gmail.com</u>	

3. Dependant Information

Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	
Number of children under 18 years of age?	<u>N/A</u>
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: <u>Muambi</u>	<u>Parent [Father]</u>
First Name: <u>Amos</u>	Middle Name(s): <u>Muange</u>
Home Phone:	Mobile Phone:
E-mail Address: <u>Amos357@gmail.com</u>	
Person 2	Relationship:
Last Name: <u>Muange</u>	<u>Sister</u>
First Name: <u>Cynthia</u>	Middle Name(s): <u>Mbithe</u>
Home Phone:	Mobile Phone: <u>+25420019432</u>
E-mail Address: <u>Cynthia1@gmail.com</u>	

4. Position Desired				
Position Desired: <i>Chef de partie</i>			Salary Desired (USD): <i>3500</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: <i>BK 294469</i>			Passport Nationality: <i>KENYAN</i>	
Date of Issue (mm/dd/yyyy): <i>17 SEP 2021</i>			Place of Issue: <i>NAIROBI, KENYA</i>	
Date of Expiration (mm/dd/yyyy): <i>16 SEP 2031</i>				
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>ENASHIPAI RESORT AND SPA</u>		Company Phone No: <u>+254 719 051 000</u>	
Position Held: <u>Chef de-patie</u>		Supervisor Name: <u>Duncan Oluoch</u>	
From (mm/dd/yyyy): <u>Feb 1 / 2020</u>		To (mm/dd/yyyy): <u>Up to date</u>	
Starting Salary in USD: <u>370.52</u>		Ending Salary in USD: <u>370.52</u>	
Reason for Leaving:			
Employer/Company Name: <u>ENASHIPAI RESORT AND SPA</u>		Company Phone No: <u>+254 719 051 000</u>	
Position Held: <u>Cook</u>		Supervisor Name: <u>Duncan Oluoch</u>	
From (mm/dd/yyyy): <u>Feb 1 / 2014</u>		To (mm/dd/yyyy): <u>Jan 31 / 2020</u>	
Starting Salary in USD: <u>281.92</u>		Ending Salary in USD: <u>281.92</u>	
Reason for Leaving: <u>Promoted to Chef de-patie</u>			
Employer/Company Name: <u>Traveler's Inn</u>		Company Phone No: <u>+254 715 639 101</u>	
Position Held: <u>Head Chef</u>		Supervisor Name: <u>Gregory Masyoka</u>	
From (mm/dd/yyyy): <u>June 2013</u>		To (mm/dd/yyyy): <u>Sept 2013</u>	
Starting Salary in USD: <u>260.83</u>		Ending Salary in USD: <u>260.83</u>	
Reason for Leaving: <u>Got another job</u>			

7. Education

	School Name and City	No. of Years	From (mm/dd/yyyy):	To (mm/dd/yyyy):	Major/Diploma
High School:	<u>Ikaatini Secondary</u>	<u>4</u>	<u>Feb 2006</u>	<u>Nov 2010</u>	<u>Secondary Certificate</u>
College:	<u>KENYA ITALY COLLEGE</u>	<u>2.5</u>	<u>2011</u>	<u>May 2013</u>	<u>Food production 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 type="checkbox"/> N/A <input checked="" type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> N/A <input checked="" 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 _____:	<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

01/19/2023
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 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