



The Apollo Group

APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY



1. Personal Information

Last Name: KARISA

First Name: DANIEL

Middle Name(s): RANDU

Date of Birth (mm/dd/yyyy): 11/06/1986

Birth Place (city): MOMBASA

Country of Birth: MOMBASA

Nationality: KENYAN

Gender: Male Female

Hair Color: BLACK

Weight: _____ lbs. *or* 68 kgs.

Height: 5 feet 6 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: MARIAKANI

Street 2:

City: MARIAKANI

State/Province: COAST

Zip/Postal Code: 80113

Country: KENYA

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

Home Phone: N/A

Mobile Phone: 0720429283

E-mail Address: drarandu@gmail.com

3. Dependant Information

Marital Status: Single Married Divorced Widowed Other

Number of children under 18 years of age? 2

Emergency Contact Information

In the event of an emergency, I would like the company to contact the following person or persons:

Person 1

Relationship: SPOUSE

Last Name: KALUME

First Name: MARY

Middle Name(s): JUMWA

Home Phone: N/A

Mobile Phone: 0711711422

E-mail Address: marrishkalume@gmail.com

Person 2

Relationship:

Last Name:

First Name:

Middle Name(s):

Home Phone:

Mobile Phone:

E-mail Address:

4. Position Desired				
Position Desired:	STORE KEEPER		Salary Desired (USD): 1,600.00	
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: BK320883			Passport Nationality: KENYAN	
Date of Issue (mm/dd/yyyy): 03/16/2022			Place of Issue: MOMBASA	
Date of Expiration (mm/dd/yyyy): 03/16/2032				
Crew Visas				
Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Visa No:	Type:
C1/D:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
C1:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
D:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Schengen:	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		011939	
Fire Prevention & Fire Fighting (BST)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		011939	
Personal Safety & Social Responsibility (BST)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		011939	
Personal Survival Techniques (BST)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		011939	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		011938	
Seaman's Books				
Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Number:	Nationality:
National:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	01/12/2028	6855	KENYAN
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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Other 1:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			

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