



The Apollo Group

APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY



1. Personal Information

Last Name: <u>OCHIENG</u>	
First Name: <u>DERRICK</u>	Middle Name(s): <u>ONYANGO</u>
Date of Birth (mm/dd/yyyy): <u>11/05/1992</u>	Birth Place (city): <u>MOMBASA</u>
Country of Birth: <u>KENYA</u>	Nationality: <u>KENYAN</u>
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color: <u>BLACK</u>
Weight: _____ lbs. or <u>87</u> kgs.	Height: <u>5</u> feet <u>9</u> 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>KAREN</u>	Street 2: <u>NGONG</u>
City: <u>NAIROBI</u>	State/Province: <u>NAIROBI</u>
Zip/Postal Code: <u>00100</u>	Country: <u>KENYA</u>
Phone Numbers (include country codes and area codes) and E-mail	
Home Phone: <u>+254725969648</u>	Mobile Phone: <u>+254725969648</u>
E-mail Address: <u>oderrey@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>ONE</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: <u>SPOUSE</u>
Last Name: <u>MAINA</u>	
First Name: <u>BEATRICE</u>	Middle Name(s): <u>WATHIEGENT</u>
Home Phone:	Mobile Phone: <u>WATHIEGE +254704695441</u>
E-mail Address: <u>bettymaina93@gmail.com</u>	
Person 2	Relationship: <u>SIBLIN</u>
Last Name: <u>OCHIENG</u>	
First Name: <u>DONNA</u>	Middle Name(s): <u>ADHIAMBO</u>
Home Phone:	Mobile Phone: <u>+254723611930</u>
E-mail Address: <u>adhiambo.dannah@yahoo.com</u>	

4. Position Desired

Position Desired: Chef De partie. Salary Desired (USD): 1000/-
 Have you worked on cruise ships before: Yes No If yes, list last company: N/A

5. Documentation Information

Passport Information

Passport Number: A2488629 Passport Nationality: KENYA
 Date of Issue (mm/dd/yyyy): 28/APR/2016 Place of Issue: MOMBASA PASSPORT OFFICE
 Date of Expiration (mm/dd/yyyy): 27/APR/2026

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 checked="" type="checkbox"/> No		
Fire Prevention & Fire Fighting (BST)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Personal Safety & Social Responsibility (BST)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Personal Survival Techniques (BST)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Crowd Management & Passenger Safety	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Crisis Management & Human Behavior	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Security Awareness	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Seaman's Books

Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Number:	Nationality:
National:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Flag State 1:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Flag State 2:	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> N/A			
Other 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			

6. Employment History

List most recent employer first

Employer/Company Name: <u>KAREN COUNTRY CLUB</u>		Company Phone No: <u>+254 792 271649</u>	
Position Held: <u>Pastory Chef De pastie -</u>		Supervisor Name: <u>+254 722 141788 (OSCAR)</u>	
From (mm/dd/yyyy): <u>June / 2019</u>		To (mm/dd/yyyy): <u>Present</u>	
Starting Salary in USD: <u>630/-</u>		Ending Salary in USD: <u>630/-</u>	
Reason for Leaving:			

Employer/Company Name: <u>SAROVA STANLEY NAIROBI</u>		Company Phone No: <u>+254 716 499 151</u>	
Position Held: <u>Demi Chef / Artist (Pastry)</u>		Supervisor Name: <u>+254 716 499 151 (RUPET OCHIENG)</u>	
From (mm/dd/yyyy): <u>Nov / 2017</u>		To (mm/dd/yyyy): <u>July / 2018</u>	
Starting Salary in USD: <u>450/-</u>		Ending Salary in USD: <u>450/-</u>	
Reason for Leaving:			

Employer/Company Name: <u>SAROVA GROUP OF HOTELS</u>		Company Phone No:	
Position Held: <u>PASTRY APPRENTICESHIP PROGRAM</u>		Supervisor Name: <u>CHEF CHAMINDA PERERA</u>	
From (mm/dd/yyyy): <u>SEPT / 2016</u>		To (mm/dd/yyyy): <u>OCT / 2017</u>	
Starting Salary in USD: <u>350/-</u>		Ending Salary in USD: <u>350/-</u>	
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>KHAMIS HIGH SCHOOL</u>	<u>4</u>	<u>Jan / 2007</u>	<u>Dec / 2010</u>	<u>KCSE</u>
College:	<u>N/A</u>				
University:	<u>MOI UNIVERSITY</u>	<u>2</u>	<u>Jan / 2012</u>	<u>Dec / 2014</u>	<u>DIPLOMA</u>
Apprenticeship:	<u>SANDY VOHRAH LEARNING CENTRE</u>	<u>1</u>	<u>Sept / 2016</u>	<u>Oct / 2017</u>	<u>CERTIFICATE</u>
Other:	<u>N/A</u>				

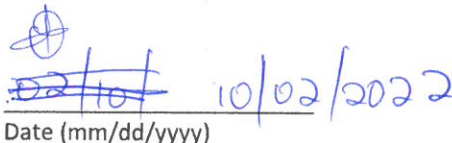
8. Languages

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 type="checkbox"/> N/A	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent
French:	<input checked="" 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 checked="" 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 <u>SWAHILI</u> :	<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	
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