



# The Apollo Group



## APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

### 1. Personal Information

|   |   |
|---|---|
| Last Name: <b>NYANGIAU</b>  |   |
| First Name: <b>JARED</b>  | Middle Name(s): <b>OMOSA</b>                |
| Date of Birth (mm/dd/yyyy): <b>01.01.1986</b>   | Birth Place (city): <b>KISII CENTRAL</b>    |
| Country of Birth: <b>KENYA</b>  | Nationality: <b>KENYAN</b>                  |
| Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female  | Hair Color: <b>BLACK</b>                    |
| Weight: _____ lbs. or <b>70</b> kgs.  | Height: _____ 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 type="checkbox"/> No <input type="checkbox"/> Yes |   |

### 2. Contact Information

#### Permanent Address

|   |  |
|---|--|
| Street 1:   | Street 2:                                |
| City: <b>NAIROBI</b>  | State/Province: <b>NAIROBI</b>           |
| Zip/Postal Code: <b>1331-00610</b>                              | Country: <b>KENYA</b>                    |
| Phone Numbers (include country codes and area codes) and E-mail |  |
| Home Phone:   | Mobile Phone: <b>0712 418 944 (+254)</b> |
| E-mail Address: <b>Jared.omosajodojo@gmail.com</b>              |  |

### 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? <b>THREE (3)</b>  |

#### 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: <b>SPOUSE</b>           |
| Last Name: <b>RISPER MAGEMBE</b> | Relationship: <b>SPOUSE</b>           |
| First Name: <b>RISPER</b>        | Middle Name(s): <b>NYAGOTUGA</b>      |
| Home Phone:                      | Mobile Phone: <b>+254 716 506 439</b> |
| E-mail Address:                  |                                       |
| <b>Person 2</b>                  | Relationship: <b>BROTHER</b>          |
| Last Name: <b>OMWANDO</b>        | Relationship: <b>BROTHER</b>          |
| First Name: <b>JULIUS</b>        | Middle Name(s): <b>NYANGIAU</b>       |
| Home Phone:                      | Mobile Phone: <b>+254 726 746 354</b> |
| E-mail Address:                  |                                       |

#### 4. Position Desired

Position Desired: CDP HOT KITCHEN Salary Desired (USD): 900-1000  
 Have you worked on cruise ships before:  Yes  No If yes, list last company:

#### 5. Documentation Information

##### Passport Information

Passport Number: AK 1187499 Passport Nationality: KENYA  
 Date of Issue (mm/dd/yyyy): 17 JUNE 2022 Place of Issue: H.C CITY SQUARE  
 Date of Expiration (mm/dd/yyyy): 16 JUNE 2032

##### 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: SAROVA PANAFRIC                         |  | Company Phone No:                   |  |
| Position Held: CDP HOT KITCHEN                                 |  | Supervisor Name: CHEF BRENDA (SOUS) |  |
| From (mm/dd/yyyy): 2021  |  | To (mm/dd/yyyy): TO DATE            |  |
| Starting Salary in USD: 700                                    |  | Ending Salary in USD: 700           |  |
| Reason for Leaving: TO EXPAND MY SKILLS IN THE CRUISE SERVICES |  |                                     |  |
| Employer/Company Name: DIVINE HOMES RESORT                     |  | Company Phone No: 0794003093        |  |
| Position Held: HEAD CHEF                                       |  | Supervisor Name: MR. OSCAR MODOCH   |  |
| From (mm/dd/yyyy): JUNE 2020                                   |  | To (mm/dd/yyyy): APRIL 2021         |  |
| Starting Salary in USD: 650                                    |  | Ending Salary in USD: 650           |  |
| Reason for Leaving: LOW BUSINESS AND CLOSURE DUE TO COVID-19   |  |                                     |  |
| Employer/Company Name: DAMASCUS SHAWARMA                       |  | Company Phone No: 0702 963825       |  |
| Position Held: HEAD OF PRODUCTION                              |  | Supervisor Name: FRANCIS OGUTU      |  |
| From (mm/dd/yyyy): 2019  |  | To (mm/dd/yyyy): 2020               |  |
| Starting Salary in USD: 450                                    |  | Ending Salary in USD: 450           |  |
| Reason for Leaving: LOW BUSINESS DUE TO COVID-19               |  |                                     |  |

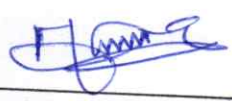
### 7. Education

|                 | School Name and City | No. of Years | From (mm/dd/yyyy) | To (mm/dd/yyyy) | Major/Diploma |
|-----------------|----------------------|--------------|-------------------|-----------------|---------------|
| High School:    | RIKINDO HIGH.        | FOUR         | 2001              | 2004            | CERTIFICATE   |
| College:        | NAIROBI AVIATION     | TWO          | 2009              | 2010            | DIPLOMA       |
| University:     |                      |              |                   |                 |               |
| Apprenticeship: |                      |              |                   |                 |               |
| Other:          |                      |              |                   |                 |               |

### 8. Languages

| Language:            | Proficiency Level Speak:                |  |  | Proficiency Level Write:          |   |  |
|----------------------|---|--|--|-----------------------------------|---|--|
|                      | <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 |
| 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          |
| French:              | <input type="checkbox"/> N/A            | <input checked="" type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate      | <input type="checkbox"/> Fluent   | <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Beginner          |
| 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          |
| Other 1 SWAHILI:     | <input type="checkbox"/> Beginner       | <input type="checkbox"/> Intermediate        | <input checked="" type="checkbox"/> Fluent | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate   | <input type="checkbox"/> Fluent            |
| Other 2 NATIVE:      | <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 |

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

30.01.2023  
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     |