



# The Apollo Group

## APPLICATION FOR EMPLOYMENT



USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

### 1. Personal Information

Last Name: <b>Mwachanya</b>	
First Name: <b>Euster</b>	Middle Name(s): <b>Wakio</b>
Date of Birth (mm/dd/yyyy): <b>12/28/1994</b>	Birth Place (city): <b>Mwatate</b>
Country of Birth: <b>Kenya</b>	Nationality: <b>Kenyan</b>
Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Hair Color: <b>Black</b>
Weight: _____ lbs. or <u>54</u> kgs.	Height: _____ feet _____ inches or <u>1.63</u> 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: <b>Bamburi</b>	Street 2:
City: <b>Mombasa</b>	State/Province: <b>Mombasa</b>
Zip/Postal Code: <b>80100</b>	Country: <b>Kenya</b>
Phone Numbers (include country codes and area codes) and E-mail	
Home Phone:	Mobile Phone: <b>+254790012440</b>
E-mail Address: <b>eustermwachanya2022@gmail.com</b>	

### 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? <b>1</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>sibling</b>
Last Name: <b>Mwachanya</b>	
First Name: <b>Elias</b>	Middle Name(s): <b>Msagha</b>
Home Phone:	Mobile Phone: <b>+254729395637</b>
E-mail Address: <b>msagha@gmail.com</b>	
<b>Person 2</b>	Relationship: <b>sibling</b>
Last Name: <b>Mwachanya</b>	
First Name: <b>Diflorah</b>	Middle Name(s): <b>wakesho</b>
Home Phone:	Mobile Phone: <b>+254729265354</b>
E-mail Address:	

4. Position Desired				
Position Desired: <b>Waitress</b>		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: <b>BK371481</b>		Passport Nationality: <b>KENYAN</b>		
Date of Issue (mm/dd/yyyy): <b>08/03/2022</b>		Place of Issue: <b>MOMBASA</b>		
Date of Expiration (mm/dd/yyyy): <b>08/02/2023</b>				
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 checked="" type="checkbox"/> No			
Other 2:	<input type="checkbox"/> Yes <input checked="" 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	09/09/2027	0005131	
Fire Prevention & Fire Fighting (BST)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/09/2027	0005131	
Personal Safety & Social Responsibility (BST)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/09/2027	0005131	
Personal Survival Techniques (BST)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/09/2027	0005131	
Crowd Management & Passenger Safety	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/09/2027	0005131	
Crisis Management & Human Behavior	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/09/2027	0005131	
Security Awareness	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/09/2027	0005131	
Seaman's Books				
Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Number:	Nationality:
National:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Flag State 1:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Flag State 2:	<input checked="" 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: <b>SAROVA WHITESANDS BEACH</b>		Company Phone No:
Position Held: <b>WAITRESS</b>	Supervisor Name: <b>AUDLINE MWEMBA</b>	
From (mm/dd/yyyy): <b>05/01/2020</b>	To (mm/dd/yyyy): <b>06/08/2021</b>	
Starting Salary in USD: <b>280.00</b>	Ending Salary in USD: <b>352.00</b>	
Reason for Leaving: <b>TO PURSUE OTHER VENTURES</b>		

Employer/Company Name:		Company Phone No:
Position Held:	Supervisor Name:	
From (mm/dd/yyyy):	To (mm/dd/yyyy):	
Starting Salary in USD:	Ending Salary in USD:	
Reason for Leaving:		

Employer/Company Name:		Company Phone No:
Position Held:	Supervisor Name:	
From (mm/dd/yyyy):	To (mm/dd/yyyy):	
Starting Salary in USD:	Ending Salary in USD:	
Reason for Leaving:		

### 7. Education

	School Name and City	No. of Years	From (mm/dd/yyyy):	To (mm/dd/yyyy):	Major/Diploma
High School:	KIWINDA HIGH SCHOOL, TAITA	4	02/08/2009	11/27/2013	KCSE
College:	UTALII COLLEGE	1	01/05/2015	12/28/2015	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 checked="" type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input checked="" type="checkbox"/> Fluent	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
Other 1 <b>KISWAHILI</b> :	<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

02/06/2023

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