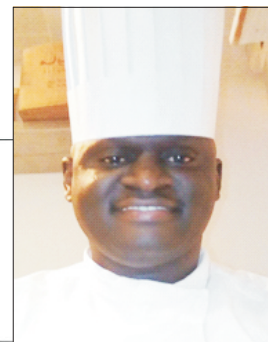




The Apollo Group



APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

1. Personal Information

Last Name: KIOKO	
First Name: JOSEPH	Middle Name(s): KIMUYU
Date of Birth (mm/dd/yyyy): 08/22/1982	Birth Place (city): KENYA, NAIROBI
Country of Birth: KENYA	Nationality: KENYAN
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color: BLACK
Weight: 75 lbs. or 75 kgs.	Height: 5-8 feet 8 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: CIVIL SERVANTS STREET	Street 2: CIVIL SERVANTS STREET
City: NAIROBI	State/Province: NAIROBI
Zip/Postal Code: 00100	Country: KENYA
Phone Numbers (include country codes and area codes) and E-mail	
Home Phone: 0729402555	Mobile Phone: 0710349744
E-mail Address: KIOKO149@tamu.com	

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? 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: WIFE
Last Name: CHEPKORIR	
First Name: JOYCE	Middle Name(s): MITEI
Home Phone: 0729402555	Mobile Phone: 0729402555
E-mail Address:	
Person 2	Relationship:
Last Name:	
First Name:	Middle Name(s):
Home Phone:	Mobile Phone:
E-mail Address:	

4. Position Desired				
Position Desired:	CHEF DEPARTIC		Salary Desired (USD):	2417.41
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:	Tracking NUMBER 111060322		Passport Nationality:	KENYAN
Date of Issue (mm/dd/yyyy):			Place of Issue:	NAIROBI
Date of Expiration (mm/dd/yyyy):				
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 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 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			

6. Employment History

List most recent employer first

Employer/Company Name: <u>MOVENPICK HOTEL AND RESIDENTS</u>		Company Phone No:	
Position Held: <u>CHEF DEPARTIC</u>		Supervisor Name: <u>CHEF OSCAR</u>	
From (mm/dd/yyyy): <u>JANUARY 1ST / TO DATE 2020</u>		To (mm/dd/yyyy): <u>TO DATE</u>	
Starting Salary in USD: <u>95,000 KSH (765.51)</u>		Ending Salary in USD: <u>-</u>	
Reason for Leaving: <u>TO GET NEW CHALLENGES AND GROW MY CAREER.</u>			
Employer/Company Name: <u>CROWNE PLAZA HOTEL</u>		Company Phone No:	
Position Held: <u>CHEF DEPARTIC</u>		Supervisor Name: <u>CHEF CHRISTOPHER</u>	
From (mm/dd/yyyy): <u>MAY 1ST / 2014</u>		To (mm/dd/yyyy): <u>OCTOBER 30TH / 2020</u>	
Starting Salary in USD: <u>60,000 KSH 62 (523.77)</u>		Ending Salary in USD: <u>7200 KSH (580.18)</u>	
Reason for Leaving: <u>GROW MY career into higher level</u>			
Employer/Company Name: <u>INTERCONTINENTAL HOTEL</u>		Company Phone No:	
Position Held: <u>Commis CHEF</u>		Supervisor Name: <u>CHEF KENNETH</u>	
From (mm/dd/yyyy): <u>FEBRUARY 27TH / 2007</u>		To (mm/dd/yyyy): <u>JUNE 3RD / 2010</u>	
Starting Salary in USD: <u>241.74</u>		Ending Salary in USD: <u>322.32</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>ST MARTINS SEC SCHOOL</u>	<u>2 Years</u>	<u>01/1ST / 2000</u>	<u>11/1ST / 2003</u>	<u>CERTIFICATE</u>
College:	<u>NAIROBI AVIATION COLLEGE</u>	<u>2 Years</u>	<u>3/6 / 2014</u>	<u>9/11 / 2016</u>	<u>DIPLOMA</u>
University:					
Apprenticeship:					
Other:	<u>KENTA UTALI COLLEGE</u>	<u>3 Months</u>	<u>03/1 / 2012</u>	<u>6/27 / 2012</u>	<u>CERTIFICATE</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 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 _____:	<input checked="" type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input checked="" type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
Other 2 _____:	<input checked="" type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input checked="" 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

20/1 / 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