



The Apollo Group



APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

1. Personal Information

Last Name: NJONJO	
First Name: PETER	Middle Name(s): NJAU
Date of Birth (mm/dd/yyyy): 01-07-1985	Birth Place (city): KIAMBU
Country of Birth: KENYA	Nationality: KEMIAN
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color: BLACK
Weight: _____ lbs. or 78 kgs.	Height: 5.2 feet 1.57 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 N/A	

2. Contact Information

Permanent Address

Street 1: MUTHURE	Street 2:
City: KIKUYU	State/Province:
Zip/Postal Code: 601 KIKUYU	Country:

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

Home Phone: +2540722249756	Mobile Phone: +2540722249756
E-mail Address: akacruky@gmail.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 HANNAH NYARIARA GITAGIA	Relationship: WIFE
Last Name: GITAGIA	
First Name: HANNAH	Middle Name(s): NYARIARA
Home Phone: +2540720664758	Mobile Phone: +2540720664758
E-mail Address: KARITANYASHVILL@gmail.com	
Person 2	Relationship: FATHER
Last Name: NJONJO	
First Name: GIDEON	Middle Name(s): NJAU
Home Phone: +2540723567	Mobile Phone: +2540723567119
E-mail Address: Gidy@gmail.com	

4. Position Desired

Position Desired: COMM/ CHEF Salary Desired (USD): 1,200 USD
 Have you worked on cruise ships before: Yes No If yes, list last company:

5. Documentation Information

Passport Information

Passport Number: AK0341358 Passport Nationality: KENTAN
 Date of Issue (mm/dd/yyyy): 11-04-2019 Place of Issue: NAIROBI
 Date of Expiration (mm/dd/yyyy): 10-04-2029

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>MUTHIGA COUNTRY CLUB</u>		Company Phone No: <u>020-7229000</u>	
Position Held: <u>Commis chef</u>		Supervisor Name: <u>JOYCE WAIRACHO</u>	
From (mm/dd/yyyy): <u>10-10-2015</u>		To (mm/dd/yyyy): <u>06/01/2022</u>	
Starting Salary in USD: <u>350 USD</u>		Ending Salary in USD: <u>350 USD</u>	
Reason for Leaving: <u>I want to travel the world and have new experience</u>			
Employer/Company Name: <u>Art Caffe</u>		Company Phone No: <u>0207221111</u>	
Position Held: <u>Asst DEMI CHEF</u>		Supervisor Name: <u>PAUL NJUGUNA</u>	
From (mm/dd/yyyy): <u>03/01/2014</u>		To (mm/dd/yyyy): <u>01/10/2014</u>	
Starting Salary in USD: <u>150 USD</u>		Ending Salary in USD: <u>150 USD</u>	
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:	<u>RUNGIRI SEC. SCHOOL</u>	<u>4Y</u>	<u>01/01/2002</u>	<u>04/12/2005</u>	<u>CERTIFICATE</u>
College:	<u>KENYA UTALI COLLEGE</u>	<u>3Y</u>	<u>01/01/2008</u>	<u>01/12/2010</u>	<u>DIPLOMA in Food & Beverages</u>
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 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 _____:	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input 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

19-01-2023
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 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