



# The Apollo Group



## APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

### 1. Personal Information

Last Name: MALIMA

First Name: PAUL

Middle Name(s): NABA

Date of Birth (mm/dd/yyyy): SEPTEMBER 23 2000

Birth Place (city): NAIROBI

Country of Birth: KENYA

Nationality: KENYAN

Gender:  Male  Female

Hair Color: BLACK

Weight: 137 lbs. or 62 kgs.

Height: 5 feet 4 inches or 162.56 cm

Do you have Tattoos?  No  Yes

Are the tattoos visible when wearing short-sleeved shirts, shorts or skirts?  No  Yes

### 2. Contact Information

#### Permanent Address

Street 1: RACE COURSE- NAIROBI

Street 2: N/A

City: NAIROBI

State/Province: NAIROBI

Zip/Postal Code: 00100

Country: KENYA

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

Home Phone: N/A

Mobile Phone: 0743723276

E-mail Address: malimapaul25@gmail.com

### 3. Dependant Information

Marital Status:  Single  Married  Divorced  Widowed  Other

Number of children under 18 years of age?

#### Emergency Contact Information

In the event of an emergency, I would like the company to contact the following person or persons:

##### Person 1

Relationship: FATHER

Last Name: MALIMA

First Name: CALEB

Middle Name(s): ESAO

Home Phone: N/A

Mobile Phone: 0720773743

E-mail Address: calmaxconcept@gmail.com

##### Person 2

Relationship: MOTHER

Last Name: OGUTU

First Name: PRISCA

Middle Name(s): FAITH

Home Phone: N/A

Mobile Phone: 0717514499

E-mail Address: fishmarkconcept@gmail.com

**4. Position Desired**

Position Desired: **COOK**      Salary Desired (USD): **850**

Have you worked on cruise ships before:  Yes  No      If yes, list last company: **N/A**

**5. Documentation Information**

Passport Information

Passport Number: **1169742**      Passport Nationality: **KENYAN**

Date of Issue (mm/dd/yyyy): **JUNE 10 2022**      Place of Issue: **NAIROBI**

Date of Expiration (mm/dd/yyyy): **JUNE 9 2032**

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: <b>TAMARIND MANAGEMENT</b>		Company Phone No: <b>0713824835</b>	
Position Held: <b>ASSISTANT COOK</b>		Supervisor Name: <b>MOSES MACHARIA</b>	
From (mm/dd/yyyy): <b>JANUARY 1 2019</b>		To (mm/dd/yyyy): <b>MAY 31 2020</b>	
Starting Salary in USD: <b>400</b>		Ending Salary in USD: <b>450</b>	
Reason for Leaving: <b>COVID-19 PANDEMIC</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:	<b>RANG'ALA BOYS HIGH SCHOOL</b>	<b>3</b>	<b>JAN 21 2015</b>	<b>NOV 27 2017</b>	<b>CERTIFICATE</b>
College:					
University:	<b>ZETECH UNIVERSITY</b>	<b>2</b>	<b>JAN 2 2020</b>	<b>JULY 6 2021</b>	<b>CERTIFICATE</b>
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 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 _____:	<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

JANUARY 19 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