



The Apollo Group

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APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

1. Personal Information

Last Name: IMALI	
First Name: BEATRICE	Middle Name(s): N/A
Date of Birth (mm/dd/yyyy): 07/10/1987	Birth Place (city): VIHIGA
Country of Birth: KENYA	Nationality: KENYAN
Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Hair Color: BLACK
Weight: _____ lbs. or <u>59</u> kgs.	Height: <u>8</u> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2. Contact Information

Permanent Address	
Street 1: BUMUYANGE PRIMARY	Street 2: CHAVAKALI-KAPSABET
City: NAIROBI	State/Province: VIHIGA COUNTY
Zip/Postal Code: 00100	Country: KENYA
Phone Numbers (include country codes and area codes) and E-mail	
Home Phone: +254706894532	Mobile Phone: +254725491317
E-mail Address:	

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?	
Emergency Contact Information	
In the event of an emergency, I would like the company to contact the following person or persons:	
Person 1	Relationship: MOTHER
Last Name: MMBONE	
First Name: RABECA	Middle Name(s): N/A
Home Phone: +254706894532	Mobile Phone: +254706894532
E-mail Address: N/A	
Person 2	Relationship: FATHER
Last Name: SHIJEDI	
First Name: LUKAS	Middle Name(s): N/A
Home Phone: +254724911317	Mobile Phone: +254724911317
E-mail Address: N/A	

4. Position Desired				
Position Desired: HOUSEKEEPING			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: N/A			Passport Nationality: N/A	
Date of Issue (mm/dd/yyyy):			Place of Issue: N/A	
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 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: MAGO GUEST HOUSE	Company Phone No: +254726866455
Position Held: HOUSE KEEPING	Supervisor Name: MS. MARY RAFU
From (mm/dd/yyyy): 12/02/2013	To (mm/dd/yyyy): 12/20/2022
Starting Salary in USD: 120.00	Ending Salary in USD: 200.00
Reason for Leaving: DUE TO HIGH COST OF LIVING AND THE SALARY IS NOT GOOD ENOUGH	

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:	SHAMALAGO PRIMARY SCHOOL	9	01/04/1993	11/30/2004	KENYA CERTIFICATE OF PRIMARY EDUCATION
College:	MAGO VOCATIONAL TRAINING INSTITUTE	2	01/05/2017	10/05/2018	ARTISAN 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 checked="" type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
Spanish:	<input 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 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 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 KISWAHILI:	<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

02/04/2023
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