



The Apollo Group



APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

1. Personal Information

Last Name: <u>LOWOI</u>	
First Name: <u>SAMSON</u>	Middle Name(s): <u>EKURU</u>
Date of Birth (mm/dd/yyyy): <u>01/01/1989</u>	Birth Place (city): <u>TURKANA</u>
Country of Birth: <u>KENYAN</u>	Nationality: <u>KENYAN</u>
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color: <u>BLACK</u>
Weight: _____ lbs. or <u>63</u> kgs.	Height: <u>6</u> feet <u>10</u> 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: <u>BARAKA HOUSE</u>	Street 2: <u>HAUSESELASIE AVENUE</u>
City: <u>NAIROBI</u>	State/Province: <u>NAIROBI</u>
Zip/Postal Code: <u>00800</u>	Country: <u>KENYA</u>

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

Home Phone: <u>+254708711782</u>	Mobile Phone: <u>+254769508004</u>
E-mail Address: <u>samekuru93@gmail.com</u>	

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? <u>THREE (3)</u>

Emergency Contact Information

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

Person 1	Relationship: <u>WIFE</u>
Last Name: <u>ADOU</u>	
First Name: <u>JASPINE</u>	Middle Name(s): <u>LOUPE</u>
Home Phone:	Mobile Phone: <u>+254715621802</u>
E-mail Address: <u>calswin@gmail.com</u>	
Person 2	Relationship: <u>SISTER</u>
Last Name: <u>LOWOI</u>	
First Name: <u>ANN</u>	Middle Name(s): <u>AKRON</u>
Home Phone:	Mobile Phone: <u>+254723508541</u>
E-mail Address: <u>samekuru93@gmail.com</u>	

4. Position Desired

Position Desired: <u>CLEANER - ROOM STEWARD</u>	Salary Desired (USD): <u>850</u>
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: <u>AK1183181</u>	Passport Nationality: <u>KENYAN</u>
Date of Issue (mm/dd/yyyy): <u>07/12/2022</u>	Place of Issue: <u>KENYAN</u>
Date of Expiration (mm/dd/yyyy): <u>07/11/2022</u>	

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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Other 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			

6. Employment History

List most recent employer first

Employer/Company Name: <u>HEWTON LIMITED T/A QARIBU INN</u>	Company Phone No: <u>+254722209840</u>
Position Held: <u>CLEANER - ROOM STEWARDS</u>	Supervisor Name: <u>RAHAB NALIKA MASINDE</u>
From (mm/dd/yyyy): <u>07/01/2018</u>	To (mm/dd/yyyy): <u>07/01/2019</u>
Starting Salary in USD: <u>650</u>	Ending Salary in USD: <u>650</u>
Reason for Leaving: <u>LOOKING FOR GREENER PASTURES and LATER EFFECTS OF COVID-19</u>	

Employer/Company Name: <u>ALL AFRICA CONFERENCE CENTRE</u>	Company Phone No: <u>+254024440224</u>
Position Held: <u>CLEANER - ROOM STEWARDS</u>	Supervisor Name: <u>PHILIP K. TUMEI</u>
From (mm/dd/yyyy): <u>10/09/2009</u>	To (mm/dd/yyyy): <u>04/01/2016</u>
Starting Salary in USD: <u>600</u>	Ending Salary in USD: <u>600</u>
Reason for Leaving: <u>UPGRADING FROM A TWO (2) STAR HOTEL TO A THREE (3) STAR HOTEL</u>	

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>ATHINAL SECONDARY SCHOOL</u>	<u>4</u>	<u>07/01/2004</u>	<u>11/08/2008</u>	<u>MAJAR.</u>
College:	<u>VISION INSTITUTE OF PROFESSIONAL</u>	<u>2</u>	<u>05/05/2015</u>	<u>11/28/2016</u>	<u>DIPLOMA.</u>
University:					
Apprenticeship:					
Other:					

8. Languages

Language:	Proficiency Level Speak:	Proficiency Level Write:
English (mandatory): <u>ENGLISH</u>	<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 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 _____:	<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]
Signature of Applicant

01/18/2023
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