



The Apollo Group



APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

1. Personal Information

Last Name: <u>TSUNGULA</u>	
First Name: <u>VUMBI</u>	Middle Name(s): <u>NICODEMUS</u>
Date of Birth (mm/dd/yyyy): <u>09-01-1984</u>	Birth Place (city): <u>MOMBASA KILIFI COUNTY</u>
Country of Birth: <u>KENYA</u>	Nationality: <u>KENYAN</u>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color: <u>BLACK</u>
Weight: <u>82kg</u> lbs. or _____ kgs.	Height: <u>5</u> feet <u>8</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2. Contact Information

Permanent Address

Street 1: <u>SHANZU</u>	Street 2:
City: <u>MOMBASA</u>	State/Province:
Zip/Postal Code: <u>80100</u>	Country: <u>KENYA</u>

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

Home Phone:	Mobile Phone: <u>(0) +254 731 999 455</u>
E-mail Address: <u>nicovumbi@yahoo.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>2</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>BROTHER</u>
Last Name: <u>LENDA</u>	
First Name: <u>MTSONGA</u>	Middle Name(s): <u>VUMBI</u>
Home Phone: <u>+254 721 157 583</u>	Mobile Phone: <u>(0) +254 733 458751</u>
E-mail Address:	
Person 2	Relationship: <u>WIFE</u>
Last Name: <u>UNDA</u>	
First Name: <u>RUTH</u>	Middle Name(s): <u>MAKINI</u>
Home Phone: <u>+254 100 54 57 99</u>	Mobile Phone: <u>+254 716 273 169</u>
E-mail Address:	

4. Position Desired				
Position Desired: <u>BAR TENDER/BAR WATER</u>		Salary Desired (USD): <u>1200</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>AK1090968</u>		Passport Nationality: <u>KENYAN</u>		
Date of Issue (mm/dd/yyyy): <u>04 Aug 2022</u>		Place of Issue: <u>MO M B A S A</u>		
Date of Expiration (mm/dd/yyyy): <u>03 Aug 2032</u>				
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: PRIDE INN PARADISE		Company Phone No: +254 709 374000	
Position Held: BARTENDER		Supervisor Name: MR JAMES	
From (mm/dd/yyyy): 08/10/2017		To (mm/dd/yyyy): TO DATE	
Starting Salary in USD: 280		Ending Salary in USD: 300	
Reason for Leaving: To explore my career as am still working here			
Employer/Company Name: SIXTY FOUR RESORT		Company Phone No:	
Position Held: BARTENDER		Supervisor Name: MR GEORGE WAUTE	
From (mm/dd/yyyy): 11/15/2016		To (mm/dd/yyyy): 06/27/2017	
Starting Salary in USD: 200		Ending Salary in USD: 200	
Reason for Leaving: TO EXPAND MY CAREER			
Employer/Company Name: AMANI TIWI BEACH RESORT		Company Phone No:	
Position Held: BARTENDER		Supervisor Name: GEORGE WAUTE	
From (mm/dd/yyyy): 08/01/2013		To (mm/dd/yyyy): 05/01/2015	
Starting Salary in USD: 180		Ending Salary in USD: 180	
Reason for Leaving: TO EXPAND MY CAREER			


7. Education

	School Name and City	No. of Years	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Major/Diploma
High School:	ST. GEORGE'S HIGH SCHOOL	4	02/04/2009	11/03/2014	CERTIFICATE
College:					
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 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 checked="" type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
Other 1 POLSKI:	<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 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

03/21/2023

 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