



# The Apollo Group

ATTACH  
PHOTO  
HERE

## APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

### 1. Personal Information

Last Name:

First Name:

Middle Name(s):

Date of Birth (mm/dd/yyyy):

Birth Place (city):

Country of Birth:

Nationality:

Gender:  Male  Female

Hair Color:

Weight: \_\_\_\_\_lbs. *or* \_\_\_\_\_kgs.

Height: \_\_\_\_\_feet \_\_\_\_\_inches *or* \_\_\_\_\_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:

Street 2:

City:

State/Province:

Zip/Postal Code:

Country:

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

Home Phone:

Mobile Phone:

E-mail Address:

### 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:

Last Name:

First Name:

Middle Name(s):

Home Phone:

Mobile Phone:

E-mail Address:

##### Person 2

Relationship:

Last Name:

First Name:

Middle Name(s):

Home Phone:

Mobile Phone:

E-mail Address:

4. Position Desired				
Position Desired:		Salary Desired (USD):		
Have you worked on cruise ships before: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list last company:		
5. Documentation Information				
Passport Information				
Passport Number:		Passport Nationality:		
Date of Issue (mm/dd/yyyy):		Place of Issue:		
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:	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:	

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:					
College:					
University:					
Apprenticeship:					
Other:					

**8. Languages**

Language:	Proficiency Level Speak:	Proficiency Level Write:
English (mandatory):	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	<input type="checkbox"/> Beginner <input 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 _____:	<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.

*Lucy Njenga*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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