



The Apollo Group

APPLICATION FOR EMPLOYMENT



USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

1. Personal Information

Last Name: HASSAN	
First Name: HAMZA	Middle Name(s): MOHAMED
Date of Birth (mm/dd/yyyy): 06/05/1989	Birth Place (city): MOMBASA
Country of Birth: KENYA	Nationality: KENYAN
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hair Color: BLACK
Weight: _____ lbs. <i>or</i> <u>102</u> kgs.	Height: _____ feet _____ inches <i>or</i> <u>190</u> 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: OLD MALINDI ROAD	Street 2: OFISI YA KANU
City: MOMBASA	State/Province: COAST
Zip/Postal Code: 80100	Country: KENYA

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

Home Phone: 0712661666	Mobile Phone: 0757737357
E-mail Address: hamz.nohamed243@gmail.com	

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? 3

Emergency Contact Information

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

Person 1	Relationship: WIFE
Last Name: SALMIN	
First Name: SWALHA	Middle Name(s): MOHAMAD
Home Phone: +254787337500	Mobile Phone: +254715950050
E-mail Address: swalhamza@gmail.com	
Person 2	Relationship: SISTER
Last Name: AHMED	
First Name: NAZNEEN	Middle Name(s): NAUSHAD
Home Phone: +254112177111	Mobile Phone: +254704152543
E-mail Address: rishadnaushasd@gmail.com	

4. Position Desired

Position Desired: SALES ASSOCIATE	Salary Desired (USD): 1,000.00
Have you worked on cruise ships before: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list last company: N/A

5. Documentation Information

Passport Information

Passport Number: BK350417	Passport Nationality: KENYA
Date of Issue (mm/dd/yyyy): 06/17/2022	Place of Issue: MOMBASA-KENYA
Date of Expiration (mm/dd/yyyy): 06/16/2032	

Crew Visas

Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Visa No:	Type:
C1/D:	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11/23/2023	11/19/2028
Fire Prevention & Fire Fighting (BST)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11/23/2023	11/19/2028
Personal Safety & Social Responsibility (BST)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11/23/2023	
Personal Survival Techniques (BST)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11/23/2023	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11/23/2023	11/19/2028

Seaman's Books

Type:	Yes/No	Date of Expiration (mm/dd/yyyy):	Number:	Nationality:
National:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11/26/2028	11387	KENYA
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: SONARA BUDHA		Company Phone No:	
Position Held: SALES ASSOCIATE		Supervisor Name: +254748823360	
From (mm/dd/yyyy): 01/01/2017		To (mm/dd/yyyy): 12/27/2022	
Starting Salary in USD: 400.00		Ending Salary in USD: 400.00	
Reason for Leaving: TEMPORARY RELOCATION TO A CITY WHERE THEY HAVE NO BRANCH TO ATTEND TO MY S			
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:	DARUL ULUM SECONDARY SCHO	4	02/02/2017	11/21/2010	CERT.OF COMPLETION
College:					
University:					
Apprenticeship:					
Other:					

8. Languages

Language:	Proficiency Level Speak:			Proficiency Level Write:		
	<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
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 type="checkbox"/> N/A	<input type="checkbox"/> Beginner
French:	<input checked="" 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
German:	<input checked="" 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
Other 1 SWAHILI:	<input checked="" 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 BALOUCHI:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input checked="" type="checkbox"/> Fluent	<input checked="" 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

08/01/2024

 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