



The Apollo Group

APPLICATION FOR EMPLOYMENT

USING LEGIBLE PRINT, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY



1. Personal Information

Last Name: <u>NAIK</u>		Middle Name(s):
First Name: <u>BHOOMI</u>	Birth Place (city): <u>LUCKNOW</u>	
Date of Birth (mm/dd/yyyy): <u>05/15/1997</u>	Nationality: <u>INDIAN</u>	
Country of Birth: <u>INDIA</u>	Hair Color: <u>BLACK</u>	
Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Height: <u>5</u> feet <u>00</u> inches or _____ cm	
Weight: _____ lbs. or <u>48</u> kgs.	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>ADARSH NAGAR</u>	Street 2: <u>HABIRPUR NILMATHA CANTT</u>
City: <u>LUCKNOW</u>	State/Province: <u>UTTAR PRADESH</u>
Zip/Postal Code: <u>226002</u>	Country: <u>INDIA</u>

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

Home Phone: <u>+91 8146733870</u>	Mobile Phone: <u>+91 8795110007</u>
E-mail Address: <u>bhuminaik56@gmail.com</u>	

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: <u>SISTER</u>
Last Name: <u>CHANDRA</u>	Middle Name(s):
First Name: <u>SIMRAN</u>	Mobile Phone: <u>8931054133</u>
Home Phone:	E-mail Address: <u>Simran123kumari123@gmail.com</u>
Person 2	Relationship: <u>FRIEND</u>
Last Name: <u>ABROL</u>	Middle Name(s):
First Name: <u>HARSHAL</u>	Mobile Phone: <u>9450119900</u>
Home Phone:	E-mail Address: <u>harshalabrol17@gmail.com</u>

4. Position Desired				
Position Desired: MANAGEMENT TRAINEE		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: T1806365		Passport Nationality: INDIAN		
Date of Issue (mm/dd/yyyy): 10/07/2019		Place of Issue: LUCKNOW		
Date of Expiration (mm/dd/yyyy): 09/07/2029				
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: FIVE HOTELS AND RESORTS			Company Phone No: +97144559988		
Position Held: F&B HOSTESS			Supervisor Name: NAYAN CHOTALIA		
From (mm/dd/yyyy): 02/17/2022			To (mm/dd/yyyy): CURRENTLY WORKING		
Starting Salary in USD: 480 USD/-			Ending Salary in USD: 480 USD/-		
Reason for Leaving: DON'T WANT TO MISS THE OPPORTUNITY FOR THIS POSITION					
Employer/Company Name: TELEPERFORMANCE			Company Phone No: 172 409 9900		
Position Held: CUSTOMER CARE EXECUTIVE			Supervisor Name: ROSHAN KUMAR SHARMA		
From (mm/dd/yyyy): 21/05/2021			To (mm/dd/yyyy): 30/01/2022		
Starting Salary in USD: 350 USD/-			Ending Salary in USD: 350 USD/-		
Reason for Leaving: PART TIME JOB					
Employer/Company Name: ST. REGIS MUMBAI			Company Phone No: 1833 702 0544		
Position Held: F&B ASSISTANT			Supervisor Name: SIDDHESH SAVASKAR		
From (mm/dd/yyyy): 07/01/2019			To (mm/dd/yyyy): 04/13/2021		
Starting Salary in USD: USD 220/-			Ending Salary in USD: USD 220/-		
Reason for Leaving: COVID-19					
7. Education					
	School Name and City	No. of Years	From (mm/dd/yyyy):	To (mm/dd/yyyy):	Major/Diploma
High School:	NIOS, NEW DELHI	1	12/10/2013	04/16/2014	MAJOR
College:	TAGORE SR. SECONDARY SCHOOL	1	05/15/2015	05/21/2016	MAJOR
University:	CHITKARA UNIVERSITY	3	07/01/2017	04/21/2019	MAJOR
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 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 of Applicant

05/09/2022

 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	

CURRICULUM VITAE



Bhoomi naik

Flat no -- 101 building 24 Street 13 discovery garden UAE

Contact Number +91-8146733870 , +91-8795110007

Email id : bhuminaik56@gmail.com

Area of Interest — F&B Service

EDUCATION:

Qualification/Degree	School/College	University or Board	Year
<i>B. Sc. (H&HA)</i>	<i>Chitkara School of Hospitality, Rajpura, Punjab</i>	<i>NCHMCT NOIDA & IGNOU NEW DELHI</i>	<i>2016-2019</i>
<i>Class XII</i>	<i>Tagore senior secondary school, mayapuri, new Delhi</i>	<i>CBSE</i>	<i>2015-2016</i>
<i>Class X</i>	<i>National institute of open schooling, newdelhi</i>	<i>CBSE</i>	<i>2013-2014</i>

TRAINING& PROJECTS:

Training:

17 weeks Industrial Training from Le Meridien, New Delhi (27 June 2017 — 20 October 2017)

Job Experience:

Currently Working in Five Palm Jumeriah Village as an F&B Hostess From 17 Feb, 2022

Worked in St. Regis Mumbai as an F&B Associate from July 1st, 2019 to 15 April, 2021

Worked at Seven Kitchens for 12 months

Worked at The Sahib Room & Kipling Bar for 6 months

Worked at By The Mekong for 2 months

Skills acquired:

Service

Bar knowledge

Tackle with the guest issues and complaints

Up selling of our product

Cover Set up

Order taking from the guest

Use of Micros

Billing & Settlement

Projects:

*Served the esteemed guests who visited the University campus on various occasions
Participated in valedictory function as a dance co-ordinator in the college
Participated in hotel 4th anniversary function as a dance coordinator.*

ACHIEVEMENTS:

*Received certificate for participation in service and valedictory function
Received appreciation for organizing the theme lunch in the college
Received appreciation for participating in the cultural events of the college
Received appreciation from the guest in guest voice.
Received appreciation from hotel to choreograph dance for Virtual Diwali occasion 2020.*

PROFESSIONAL SKILLS:

*Good Interpersonal Skills
Team Player/Management
Multi Tasker
Leadership
Adaptable*

INTEREST & HOBBIES:

*Dancing
Calligraphy
Painting/ Drawing*

PASSPORT DETAILS

*Passport Number: T1806365
Date of Issue : 10/07/2019
Date of Expiry : 09/07/2029
Place of Issue : Lucknow*

(BHOOMI NAIK)

PANKAJ KUMAR NAIK

SHARNILA NAIK

ADARSH NAGAR

HABIRPUR NILMATHA CANTI,LUCKNOW

PIN:226002,UTTAR PRADESH,INDIA

LK3063814945619



T1806386

भारत गणराज्य REPUBLIC OF INDIA



टाईप / Type
P

राष्ट्र कोड / Country Code
IND

पासपोर्ट नं. / Passport No.
T1806365

उपनाम / Surname
NAIK

दिया गया नाम / Given Name(s)
BHOOMI

राष्ट्रीयता / Nationality
भारतीय / INDIAN

लिंग / Sex
F

जन्म तिथि / Date of Birth
15/05/1997

जन्म स्थान / Place of Birth
LUCKNOW, UTTAR PRADESH

जारी करने का स्थान / Place of Issue
LUCKNOW

जारी करने की तिथि / Date of Issue
10/07/2019

समाप्त का तिथि / Date of Expiry
09/07/2029

[Handwritten Signature]

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Ministry of Health & Family Welfare
Government of India

Certificate for COVID-19 Vaccination

Issued in India by Ministry of Health & Family Welfare, Govt. of India

Certificate ID 23417165427

Beneficiary Details

Beneficiary Name / ਲਾਬਪਾਤਰੀ ਦਾ ਨਾਮ	Bhoomi Naik
Age / ਉਮਰ	25
Gender / ਲਿੰਗ	Female
ID Verified / ਸਨਾਖਤ ਦੀ ਕਿਸਮ	Aadhaar # XXXXXXXX8971
Unique Health ID (UHID)	28496947331413
Beneficiary Reference ID	28496947331413
Vaccination Status / ਟੀਕਾਕਰਣ ਦੀ ਸਥਿਤੀ	Partially Vaccinated (1 Dose)

Vaccination Details

Vaccine Name / ਟੀਕਾ ਦਾ ਨਾਮ	COVISHIELD
Vaccine Type / ਟੀਕੇ ਦੀ ਕਿਸਮ	COVID-19 vaccine, non-replicating viral vector
Manufacturer / ਨਿਰਮਾਤਾ	Serum Institute of India Pvt. Ltd.
Dose Number / ਫੇਜ਼ ਨੰਬਰ	1/2
Date of Dose / ਖੁਰਾਕ ਦੀ ਮਿਤੀ	24 Jan 2022
Batch Number / ਬੈਚ ਨੰਬਰ	4121AA080M
Next Due Date / ਮਿਤੀ	Between 18 Apr 2022 and 16 May 2022
Vaccinated By / ਟੀਕਾਕਰਮੀ	Mohinder Kaur
Vaccination At / ਟੀਕਾਕਰਨ ਦੀ ਜਗ੍ਹਾ	Kharar SDH (Covidshield), SAS Nagar, Punjab

“ਦਵਾਈ ਵੀ ਅਤੇ ਕੜਾਈ ਵੀ।

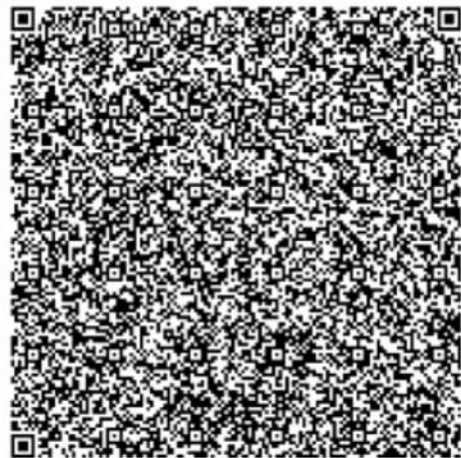
Together, India will defeat
COVID-19”

- ਪ੍ਰਧਾਨ ਮੰਤਰੀ

In case of any adverse events, kindly contact the nearest Public Health Center/
Healthcare Worker/District Immunization Officer/State Helpline No. 1075

ਕਿਸੇ ਵੀ ਅਪਾਤਕਸ਼ੈਲੀ ਸਥਿਤੀ ਵਿੱਚ ਕਿਰਪਾ ਕਰਕੇ ਨੇੜੇ ਦੇ ਪਬਲਿਕ ਹੈਲਥ ਸੈਂਟਰ / ਹੈਲਥ ਕੇਅਰ ਵਰਕਰ (ਸਿਹਤ ਸੁਰੱਖਿਆ
ਕਰਮੀ) / ਜ਼ਿਲ੍ਹਾ ਟੀਕਾਕਰਨ ਅਧਿਕਾਰੀ / ਸਟੇਟ ਹੈਲਪ ਲਾਈਨ ਨੰਬਰ 1075

COWIN
Winning Over COVID



This certificate can be verified by scanning the QR code at
<http://verify.cowin.gov.in>