

## APPLICATION FOR EMPLOYMENT

**IMPORTANT: THIS APPLICATION IS TO BE COMPLETED BY THE APPLICANT.**

We will consider this application carefully, but it does not guarantee employment. You must meet our employment standards which includes good health.

**PLEASE PRINT ALL ANSWERS CAREFULLY, ACCURATELY AND COMPLETELY.**

Name:

\_\_\_\_\_

Last	First	Middle
Maiden Name: _____	Telephone# _____	

Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ District or Country: \_\_\_\_\_ No. & Street \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Country of Citizenship/Nationality: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ' \_\_\_\_\_ " \_\_\_\_\_

Languages

Spoken/Read/Written \_\_\_\_\_

Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Widowed: \_\_\_\_\_ Common-Law: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License \_\_\_\_\_

Name & Ages of Dependents:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Type of Work Desired: \_\_\_\_\_ Salary Expected: \_\_\_\_\_ Right or Left Handed: \_\_\_\_\_

Type of Equipment or Machinery you can operate :( including Driving Permit and Class): \_\_\_\_\_

List the names of any relatives employed at another Roe Group Company:

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Circle Highest Year of Schooling completed: **HIGH SCHOOL SIXTH FORM UNIVERSITY**

1 2 3 4                      1 2                      1 2 3 4

List schools attended, (last one first and attach a copy of certificate)

<u>Name</u>	<u>Location</u>	<u>Course of Study</u>	<u>From-To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State other qualifications, training, or courses you have attended:

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Do you suffer from any illness or allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

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Have you ever been discharged from your employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

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Have you ever been convicted of any crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please give details: \_\_\_\_\_

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Do you plan to engage in any other work while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

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Your contribution to own self improvement \_\_\_\_\_

Your contribution to the community

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In the event of accident or emergency, whom do we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Tel No: \_\_\_\_\_

Business Address: \_\_\_\_\_ Bus. Tel No: \_\_\_\_\_

Mobile: \_\_\_\_\_ ICE: \_\_\_\_\_

Please give the Name and Address of your Beneficiary:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Business Address: \_\_\_\_\_ Bus. Tel No: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Tel No: \_\_\_\_\_

List three (3) persons/ references of good standing other than relatives and friends, who can vouch for your character:

Name:                      Address:                      Tel No:                      Yrs. Known:                      Occupation:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Present Employment: \_\_\_\_\_ Salary: \_\_\_\_\_ Position: \_\_\_\_\_

Why are you no longer employed? \_\_\_\_\_

Account for all employment since leaving school: (list last position first)

Former Employer's Name & Address	Form: Mth & Year	To: Mth & Year	Reason for Leaving Salary:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In exceptional circumstances we may require you to work on Saturdays and Sundays. Do you have a problem with this?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Any additional information (e.g. Hobbies, membership in service organizations, additional training, etc)

\_\_\_\_\_  
\_\_\_\_\_

NB. Please re-read carefully all the information you have supplied before signing the declaration!

**DECLARATION**

I HEREBY DECLARE THAT ALL THE INFORMATION ON THIS APPLICATION TO BE TRUE AND COMPLETE AND THAT I HAVE NOT WITHHELD ANY INFORMATION WHICH COULD ADVERSELY AFFECT MY APPLICATION. I FURTHERMORE UNDERSTAND THAT ANY MISLEADING OR UNTRUE INFORMATION MAY LEAD TO MY DISQUALIFICATION OR IMMEDIATE DISMISSAL.

Signed:

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Name in Print:

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Date:

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Note: This Application is to be accomplished by two (2) recent I.D. PHOTOGRAPHS, and proof of citizenship/ right to work in Belize, if applicable.

**OFFICIAL USE AND COMMENTS:**

INTERVIEWED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_  
STARTING SALARY: \_\_\_\_\_ {BI-WEEKLY} SUPERVISED BY: \_\_\_\_\_  
PROBATION PERIOD: FROM \_\_\_\_\_ TO: \_\_\_\_\_  
SALARY AFTER PROBATION PERIOD (DEPENDING ON APPRAISAL SCORE) \_\_\_\_\_  
SEND PAY TO: BANK NAME \_\_\_\_\_  
BRANCH: \_\_\_\_\_ ACCT: \_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT APPROVED BY:

\_\_\_\_\_ POSITION \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

DATE EMPLOYMENT TO COMMENCE: \_\_\_\_\_

**ATTACH TWO (2) ID PHOTOGRAPHS**

