

## THE ROE GROUP OF COMPANIES

### APPLICATION FOR EMPLOYMENT

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

Name:

\_\_\_\_\_

Last First Middle

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

No. & Street

City/Town: \_\_\_\_\_ District or Country: \_\_\_\_\_

Country of Citizenship/Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

D M Y

Sex: \_\_\_\_\_ Marital Status: *Single*: \_\_\_\_ *Married*: \_\_\_\_ *Common-law*: \_\_\_\_ *Widowed*: \_\_\_\_

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

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

Number of Dependents (persons in your care): \_\_\_\_\_ Ages: \_\_\_\_\_

Type of Work Desired: \_\_\_\_\_

Salary Expected: Hourly \_\_\_\_\_ Or Weekly \_\_\_\_\_ Or Monthly \_\_\_\_\_

Type of Employment Desired: *Internship*: \_\_\_\_ *Temporary*: \_\_\_\_ *Part Time*: \_\_\_\_ *Full Time*: \_\_\_\_\_

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

\_\_\_\_\_

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

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

Telephone Numbers: \_\_\_\_\_

Circle Highest Year of Schooling completed: PRIMARY 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 certificates)**

Name:	Course of Study:	Date Completed:

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

Name:	Facilitator/Institution:	Date Completed:

**List three (3) professional references from past employers(supervisors/managers).  
No relatives or friends. Teacher references will be accepted from recent graduates.**

Name:	Yrs. Known:	Mobile. No:	Relationship:	Occupation/Job Title:

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	Position	From Month and Year	To Month and Year	Salary	Reason for Leaving

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

Your contribution to own self-improvement and contribution to the community

\_\_\_\_\_

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! We will consider this application carefully, but it does not guarantee employment.**

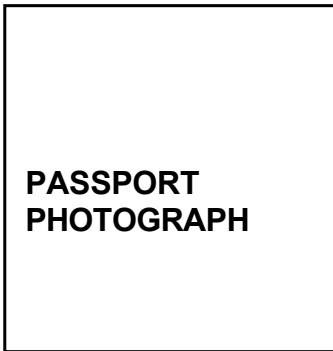
**DECLARATION**

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: \_\_\_\_\_ Name in Print: \_\_\_\_\_ Date: \_\_\_\_\_

Note: This Application is to be accompanied by one (1) recent I.D. PHOTOGRAPH, and proof of citizenship/right to work in Belize, if applicable.

**ATTACH ID PHOTOGRAPH**



**OFFICIAL USE AND COMMENTS:**

INTERVIEWED BY: \_\_\_\_\_

POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

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

RECOMMEND FOR HIRE: YES - NO \_\_\_\_\_

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