



APPLICATION FOR EMPLOYMENT

(Day /Month /Year)
DATE: _____ / _____ / _____

POSITION APPLYING FOR: _____

NAME: _____
 First Name Middle Name Last Name

ADDRESS: _____
 House No. Name of Street City/Town District Phone No.

DATE OF BIRTH: _____ (Day /Month /Year) **SEX:** _____ Male _____ Female

NATIONALITY: _____ **PASSPORT No:** _____

SS No.: _____ **HEIGHT:** _____ Ft. _____ Inch. **WEIGHT:** _____ Lbs

MARITAL STATUS: _____ Single _____ Married _____ Divorce _____ Widowed _____ Common-law

If married, is spouse employed, if so by whom? First name of spouse.

Number of dependents (including yourself): _____

My health is _____ Poor _____ Fair _____ Good _____ Excellent

Please explain any physical defects, recent accidents or illness:

How much time have you missed from work during the past year: _____

PLEASE LIST BELOW FRIENDS AND RELATIVES PRESENTLY EMPLOYED BY TH PORT OF BELIZE LIMITED.

No.	NAME OF PORT EMPLOYEES	RELATIONSHIP
1		
2		
3		
4		

Do you have a valid driver's license? _____ Do you speak Spanish? _____

Any other qualifications? _____

If presently employed, when can you start work? _____

QUALIFICATIONS:

Name of School Attended (Elementary First)	From	To	Course Taken	Did you graduate?

PLEASE COMPLETE BELOW THE INFORMATION ON YOUR LAST FIVE (5) JOBS, LISTING PRESENT OR LAST JOB FIRST.

Name of Employer	Supervise By	From	To	Wages Paid	Reason for Leaving

PLEASE GIVE BELOW TWO PERSONAL REFERENCES AND THEIR ADDRESSES, OTHER THAN AN EMPLOYEE OR RELATIVE.

In case of any emergency, please notify:


NAME: _____ **PHONE No.** _____


ADDRESS: _____

Signature of Applicant: _____

Note: Kindly submit along with this form the following:

1. two (2) recent recommendation letters
2. one (1) recent Police Record
3. a copy of your valid Social Security ID.

 **Tel: (501)223-2439**

 **Fax: (501)223-3571**

 **Email: info@portofbelize.com**