



Belize Diesel & Equipment Co. Itd

7142 SLAUGHTEROUSE RD., P.O. BOX 1629, BELIZE CITY, BELIZE, C.A. <u>TEL:223-5668/223-5669</u> FAX: 223-2056

lela@belizediesel.com



APPLICATION FOR EMPLOYMENT

Please attach photograph here

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.

THEY WILL BE CHECKED.

Name:	FIRST		MIDDLE		
Maiden Name:		elephone #			
Home Address:		_			
Trome readiess.	NO. &	STREET			
City/Town:	District or Country				
Place of Birth:	Date	e of Birth/	/Age:		
Country of Citizenship/Nation	onality:	Sex: M	F Height:		
Marital Status: Single:	Married: Wide	owed: Commo	on-law		
Names & Ages of Dependent	s: 1)				
2)	3)		-		
4)	5)		-		
Name of Parents and Spouse	:				
NAME	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>OCCUPATION</u>		
1)					
2)	· 				
3)		-			
Type of Work Desired:	Salary I	Expected:R	light Left Handed		

Circle Highest Year	of Schooling	HIGH SCHOOL	SIXTH FORM	UNIVERSITY		
COMPLETED:		1234	1234	1234		
LIST SCHOOLS ATT	TENDED, (LAST	ONE FIRST):				
NAME	LOCATION	i cou	RSE OF STUDY	FROM ~ TO		
						
STATE OTHER QUA	ALIFICATIONS, T	TRAINING, OF CO	URSES YOU HAVE	ATTENDED:		
DO YOU SUFFER FI	ROM ANY ILLNI	ESS OR ALLERGIES	?? YES N	10		
IF YES, PLEASE GIV	E DETAILS:					
HAVE YOU EVER B			•			
DO YOU PLAN TO	ENGAGE IN AN	Y OTHER WORK V	WHILE EMPLOYED	?		
IF YES, PLEASE GIV	E DETAILS:					
<u>IN T</u>	HE EVENT OF A	CCIDENT OR EME	ERGENCY, WHO D	O WE CONTACT?		
NAME:					_	
HOME ADDRESS: _		НО	ME TEL:		_	
BUSINESS ADDRES	SINESS ADDRESS: BUSINESS TEL:					

LIST THREE (3) PERSONS/ REFERENCES OF GOOD STANDING OTHER THAN RELATIVES, FRIENDS, TEACHERS, OR PRINCIPALS, WHO CAN VOUCH FOR YOUR CHARACTER:

<u>NAME</u>	<u>ADDRESS</u>	<u>TEL. NO</u> .	YRS. KNOWN	<u>OCCUPATION</u>
1)				
2)				
3)				<u> </u>
PRESENT EMPLOYMENT:		SALAI	•	POSITION:
WHY ARE YOU NO LONGER				
LANGUAGES YOU SPEAK:				
WRITE:	RI	EAD:		
ACCOUNT FOR ALL EMPLOY	MENT SINCE LEA	AVING SCHOOL	.	
(LIST LAST POSITION FIRST)				
Name & address of	From:	To:	Mthly	
former employers:			-	Reason for leaving:
ANY ADDITIONAL INFORMA	TION: (e.g. Men	nbership in Orga	anization, Additi	ional Training, Etc.)
COMMUNITY CONTRIBUTIO	DN:			

Please carefully re-read all the information you have supplied before signing the Declaration on the following page!

DECLARATION:

I HEREBY DECLARE 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 TWO (2) RECENT 'I.D.' PHOTOGRAPHSIII
FOR OFFICIAL USE/COMMENTS:
STARTING SALARY?
PROBATION?
ANY SALARY
ADJUSTMENTS?
OTHER COMMENTS:
DATE:
EMPLOYMENT APPROVED BY:
DATE EMPLOYMENT TO COMMENCE: