

| |
|---------------------|
| Councilor Consulted |
| Post |
| |
| Salary |
| Probation |
| Approved By |
| Date |

**CITY OF BELIZE
APPLICATION FOR EMPLOYMENT**

Position applied for _____

Date / /

1. Personal Data

| | | | |
|---|----------|-------------------------------------|-------|
| Name | _____ | Maiden Name | _____ |
| Address | _____ | City | _____ |
| Social Security No. | _____ | Telephone No. | _____ |
| Date of Birth | / / | Sex | M / F |
| Name of Spouse | _____ | No. Of children | _____ |
| Next of Kin | _____ | Relationship | _____ |
| Person to contact in event of an accident | _____ | | |
| Address | _____ | | |
| Are you a Belizean citizen? | Yes / No | If yes provide proof of citizenship | _____ |
| Can you legally work in Belize? | Yes / No | If yes kindly provide work permit | _____ |
| Have you ever been convicted of a felony? | Yes / No | | |
| Have you ever been imprisoned? | Yes / No | | |
| Kindly provide proof of Police Record | _____ | | |
| Kindly provide a copy of Social Security Card | _____ | | |
| Have you ever been hospitalized for a major illness or disease? | Yes / No | | |
| At present do you enjoy poor - fair - good or excellent health? | _____ | | |

2. Education

I attended the following schools _____ Certificate

| School attended | Date attended | | Diploma/Degree |
|-----------------|---------------|----|----------------|
| | From | To | |
| | | | |
| | | | |
| | | | |
| | | | |

Special qualification and/or training _____

3. Work History

| Name of Employer | Position | Last Salary | Date | | Reason for leaving |
|------------------|----------|-------------|------|----|--------------------|
| | | | From | To | |
| | | | | | |
| | | | | | |
| | | | | | |

4. Other Skills

- a) List types of office machines you operate and/or type of heavy equipment and vehicles you can operate and/or maintain.

b) List other languages that you can speak and write.

List two-character reference other than relatives and one reference from your present or last employer.

| | Name | Address | Phone# | Occupation |
|----|------|---------|--------|------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

In the space below, kindly state why you believe you are best suited for this job position.

I hereby certify that the information provided in the above is true and complete. I also understand that if any information provided above is found to be false in any manner that I am subject to immediate termination of employment and that if I am hired for the position afforded such employment shall be subject to three (3) month probationary period.

DATE

SIGNATURE

I hereby authorize the Council, if I am hired, to pay wages/salary due me to a financial institution of my choice and as provided by me.

SIGNATURE