

THE ROE GROUP OF COMPANIES

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: _____ E-mail Address: _____

Home Address: _____

No. & Street
City/Town: _____ District or Country: _____

Place of Birth: _____ Date of Birth: ____ / ____ / ____ Age: ____
D M Y

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:

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 certificates)

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

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

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: _____

Your contribution to own self improvement

Your contribution to the community

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	From: 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:

Name in Print:

Date:

Note: This Application is to be accompanied 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 (DEPENDENT 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

