



# APPLICATION FOR EMPLOYMENT

BPA FORM # 1038  
2018

All applications must be accompanied by a Police Record and a medical certificate from a recognized Medical Institution.

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
SEX: Male <input type="checkbox"/> Female <input type="checkbox"/>	DATE OF BIRTH:	NATIONALITY:	
PRESENT ADDRESS:		CITY/TOWN:	DISTRICT:
PHONE NO.:	DO YOU HAVE ANY REALTIVES OR FRIENDS CURRENTLY WORKING AT THE BELIZE PORT AUHTORITY? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" state whom.		

## EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THE BELIZE PORT AUTHOITY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

## EDUCATIONAL HISTORY (LIST BELOW LAST THREE EDUCATIONAL INSTITUTIONS ATTENDED, STARTING WITH THE LAST ONE FIRST)

NAME OF EDUCATIONAL INSTITUTION ATTENDED	FIELD OF STUDY	FROM	TO	QUALIFICATIONS EARNED

## GENERAL INFORMATION

MARITIME RELATED EXPERIENCE:

## FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

NAME & ADDRESS OF EMPLOYER	FROM	TO	SALARY	POST	REASON FOR LEAVING

CONTINUED ON OTHER SIDE

**REFERENCES** (LIST THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.)

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

**GENERAL AGREEMENT**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I understand that the statements contained herein may be investigated and I authorize the employers and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the person(s) from all liability for any damage that may result from utilization of such information.

I understand and agree that no representative of the Authority other than the Human Resource Manager may enter into any agreement for employment. All such agreements shall be in writing.

This agreement does not permit the release or use of any information gathered in a manner prohibited by the Laws of Belize.”

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**REMARKS**


NEATNESS:		CHARACTER:		
PERSONALITY:		ABILITY:		
HIRED:	FOR DEPT.:	POSITION:	WILL REPORT TO:	SALARY WAGES:

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  

HUMAN RESOURCE MANAGER
DEPARTMENT MANAGER
PORTS COMMISSIONER