

Mailing Address:

Unit 17, Northern Shops
 Mile 1 ½ Phillip Goldson Highway
 Belize City
 Belize, Central America

Email:

Web: www.nationalgas.bz

EMPLOYEE APPLICATION FORM

APPLICANT INFORMATION									
Last Name		First		Middle					
Street Address					Date	(dd/mm/yy)			
City/Town				District			Country		
Phone				E-mail Address					
When can you start?				Social Security No.			Desired Salary	\$	
Position Applied for					Date of Birth	(dd/mm/yy)			
Are you a citizen/resident of Belize?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, do you have valid work permit for Belize?		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Are you willing to work holidays and overtime hours?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
Are you willing to work any shift?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
Are you willing to travel or relocate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
Do you have a preexisting medical condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Do you have a valid police record?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Required for employment						
Do you have a valid driver license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
Have you in the past or are you currently taking illegal or unprescribed drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
If you are not a citizen of Belize please state your nationality									
CONTACT INFORMATION									
<i>Please list two emergency contacts.</i>									
Full Name				Relationship			Phone		
Address									
Full Name				Relationship			Phone		

Address											
CURRENT/PREVIOUS EMPLOYMENT											
Employer						Phone					
Address					Supervisor						
Job Title				Starting Salary		\$		Ending Salary		\$	
Responsibilities											
From		To		Reason for Leaving							
May we contact your current/previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, explain			
Employer						Phone					
Address					Supervisor						
Job Title				Starting Salary		\$		Ending Salary		\$	
Responsibilities											
From		To		Reason for Leaving							
May we contact your current/previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, explain			
PROFESSIONAL REFERENCES											
<i>Please list two references.</i>											
Full Name					Employment Relationship						
Address						Phone					
Full Name					Employment Relationship						
Address						Phone					
PLEASE STATE BELOW REASONS WHY YOU WOULD LIKE TO WORK WITH NATIONAL GAS COMPANY LTD.											

EDUCATION, SKILLS & EXPERIENCE					
Institution:			Address:		
From	To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Major:			Qualification:		
Institution:			Address:		
From	To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Major:			Qualification:		
Institution:			Address:		
From	To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Major:			Qualification:		
<p><i>Skills & Experience</i></p> <p>Describe which languages(s) and how fluent of a speaker you consider yourself to be for each.</p> <p style="text-align: center;">_____</p> <p>Are you computer literate? YES <input type="checkbox"/> or NO <input type="checkbox"/> If yes, please list programs.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p>Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? YES <input type="checkbox"/> or NO <input type="checkbox"/></p> <p>If yes, please explain below.</p>					
SIGNATURE OF APPLICANT:					
FOR OFFICE USE ONLY					
Hire Location				Job Title	
Rate				Starting Date	(dd/mm/yy)
Supervisor				Temporary <input type="checkbox"/>	(dd/mm/yy) Date
				Part-time <input type="checkbox"/>	
				Permanent <input type="checkbox"/>	
Comments					