

Application for Employment

Please complete this form in BLOCK CAPITALS IN
 APPLICANT'S OWN HANDWRITING and answer all questions as fully as possible.
 Tick boxes where appropriate. All information will be treated in confidence.

Position applied for:	
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Personal Details	
Name	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/>
Date of Birth	Permanent Address
Place of Birth	
Nationality	
Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/>	
	P.O. Box
Number of Children	Own home <input type="checkbox"/> Rent <input type="checkbox"/> Board <input type="checkbox"/> w/parents <input type="checkbox"/> Other <input type="checkbox"/>
Home Phone Number	National Insurance Number
Do you have a driving license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Work or Cell Number
Any driving convictions? Yes <input type="checkbox"/> No <input type="checkbox"/> Give Details	Do you own a car? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you undergone training for any vehicles other than a car? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details of above if YES	

Education			
Schools attended (indicate Grade or High)	Dates	Subject Taken	Qualifications gained (level and grade)
Colleges Attended	Dates	Subject Taken	Qualifications gained (level and grade)
Professional/Technical Training	Dates	Subject Taken	Qualifications gained (level and grade)

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Present Employment	
Name and Address of Employer	Date Employment started
	Current Position held
	Date of last promotion
	Current Annual Earnings
Notice Period Required	Other Benefits

Responsibilities

Reasons for wishing to leave

Employment History (starting with most recent)				
Name and Address of Employer	Dates (Month and Year) From To	Job Title and Brief Description of Duties	Reason for Leaving	Earnings at Leaving and Benefits

Plant Operator Applications - Please state type of equipment driven and years of experience:

1. _____ No. of years experience _____

2. _____ No. of years experience _____

3. _____ No. of years experience _____

4. _____ No. of years experience _____

5. _____ No. of years experience _____

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Health			
What is your height? Ft. In.	What is your weight? Lb.		
Do you have any physical/mental defects or health problems? If YES, please describe below			Yes <input type="checkbox"/> No <input type="checkbox"/>
List any serious illness or accidents you have had.			
Are you willing to submit to a medical examination prior to your employment? Yes <input type="checkbox"/> No <input type="checkbox"/>			
How many days have you been absent from work through illness in the last 2 years? _____ days			
Please give details:			
Do you wear glasses/contact lenses? Yes <input type="checkbox"/> No <input type="checkbox"/>			

General Information	
Have you ever been convicted of any felony or crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please give details below	
What hobbies/activities do you have outside of working hours?	
Do any of your relatives currently work for Freeport Harbour Company?	
1. Name _____	Job/Position _____
2. Name _____	Job/Position _____
3. Name _____	Job/Position _____

References (not former employers or relatives)			
Name and Address		Name and Address	
P.O. Box	Phone No.	P.O. Box	Phone No.
Occupation		Occupation	

Further Information
Please use the space below if there is any further information that is relevant to your application

I declared that the information contained in this form is true and complete. I understand that if it is subsequently discovered that any statements are false or misleading I will be liable to have my application disqualified or, if employed may be dismissed without notice by the Company.

Signed	Date
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Interviewer's Notes

Comments

Initial Interview by:

Date

Follow-up Interview by:

Date