HUTCHISONPORTS FHC

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:	

Personal Details	
Name	Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other ☐
Date of Birth	Permanent Address
Place of Birth	
Nationality	
Marital Status Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow(er) ☐	P.O. Box
	Own home ☐ Rent ☐ Board ☐ w/parents ☐ Other ☐
Number of Children	National Insurance Number
Home Phone Number	Work or Cell Number
Do you have a driving license? Yes ☐ No ☐	Do you own a car? Yes ☐ No ☐
Any driving convictions? Yes ☐ No ☐ Give Details	
Have you undergone training for any vehicles other than a car? Yes ☐ No ☐	
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 ☐ No ☐	
List any serious illness or accidents you have had.	
Are you willing to submit to a medical examination prior to your employment? Yes ☐ No ☐	
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 ☐ No ☐	

General Information
Have you ever been convicted of any felony or crime? Yes ☐ No ☐ 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 _____ Relationship: _____ Job/Position _____ 2. Name _____ Relationship: _____ Job/Position _____ 3. Name _____ Relationship: _____ 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

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