



EMPLOYMENT APPLICATION FORM

Instructions: <ul style="list-style-type: none"> Please complete all sections as thoroughly as possible, even if you are attaching a resume. It is necessary to provide complete information, as this will be used to determine eligibility. A separate application is required for each position/vacancy. Application must be received at the appropriate location by the closing date indicated in the advertisement. 	OFFICE USE ONLY DATE RECEIVED
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POSITION INFORMATION

POSITION TITLE, MINISTRY AND LOCATION

FOR GENERAL APPLICATION	Full time	Part time	TYPE (s) OF POSITION- please describe
Indicate (√) the type of Employment you are requesting	PERMANENT <input type="checkbox"/>	<input type="checkbox"/>	
	TEMPORARY <input type="checkbox"/>	<input type="checkbox"/>	

PERSONAL INFORMATION

LAST NAME	FIRST NAME	INITIALS	RESIDENCE TEL. NO.	DATE OF BIRTH (DD MM YY)
			BUSINESS TEL. NO. – or message	GENDER: Male/Female

MAILING ADDRESS CITY DISTRICT POSTAL CODE

LEGAL STATUS TO WORK IN BELIZE – Documentation may be required	Do you have a disability that may require accommodation in the work place
<input type="checkbox"/> Belizean Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Work Permit <input type="checkbox"/> OTHER – please specify	If YES, what accommodation would you need? <input type="checkbox"/> YES <input type="checkbox"/> NO

CURRENT EMPLOYMENT STATUS

Are you currently an employee in the Public Service of Belize? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, indicate status and provide Social Security No. ►	Employee S.S. No.
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Are you willing to work anywhere in Belize? NO YES – list locations preferred ►

EDUCATION AND TRAINING

Please describe secondary, post-secondary, courses and training which have given you work related knowledge and skills. Start with highest level achieved and specify the degrees, certificates or diplomas completed. Official documentation may be required. Attach a separate page if necessary.

NAME OF INSTITUTION OF ORGANIZATION	LOCATION	YEAR TAKEN	AREA OF STUDY	GRADE/CERTIFICATION/ DIPLOMA/DEGREE

SKILLS/EXPERIENCE

Please list areas of experience that you have which are relevant to the position you are applying for and attach any appropriate documentation.

APPLICANT'S SIGNATURE:

- Please read carefully before signing. **This application is not valid unless signed by the applicant.**
- In accordance with the Public Service Regulations for Public Service Employees, to avoid potential conflict you may be required to provide information about direct relatives or persons with whom you share a household who are employed in the public service.

I certify that the information provided in this application or attachments/resume is true and complete. I understand that if any information in this application or attachment/resume is found to be untrue or incomplete, my application may be rejected or I may be dismissed in the event that I am the successful applicant.

X _____

DATE _____

SKILLS/EXPERIENCE

Please list areas of experience that you have which are relevant to the position you are applying for and attach any appropriate documentation.

SPECIAL ACHIEVEMENTS

Briefly summarize your knowledge and major skills/achievements which relate to the advertised position or if this is a general application, to the position(s) that interest you. You may use this space to enter other information you would like us to consider in reviewing your application.

DRIVER'S LICENSE INFORMATION

Provide the following information if applying for a position where driving is a requirement.

List class(es) of valid driver's license

List any restriction/endorsement definitions on license.

If required, do you have access to a vehicle for use on government business?

YES NO

REFERENCES

Reference checks will be conducted to assess your past work performance and may include checks of attendance records.

In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous (different) name, please specify.

NAME	TEL. NO.	RELATIONSHIP	NO. OF YEARS KNOWN

APPLICANT'S SIGNATURE:

- Please read carefully before signing. This application is not valid unless signed by the applicant.
- In accordance with the Public Service Regulations for Public Service Employees, to avoid potential conflict you may be required to provide information about direct relatives or persons with whom you share a household who are employed in the public service.
- Your signature on this application form is your consent that as a condition of being considered for employment in the public service, references about past work performance will be obtained from your current and previous employers. If you are not presently employed in the Belize Public Service, you will be notified prior to contact with your employer.

I certify that the information provided in this application or attachments/resume is true and complete. I understand that if any information in this application or attachment/resume is found to be untrue or incomplete, my application may be rejected or I may be dismissed in the event that I am the successful applicant.

X _____

DATE _____