

EMPLOYMENT APPLICATION

PHOTO

APPLICANT INFORMATION

Company _____ Date day / month / year

Position applied for 1st choice / 2nd choice

Name first middle last

Nationality attach copy passport Place of birth _____ Date of birth day / month / year

Gender M / F Status Single Married Divorced Widow Number of children _____

Address _____ City _____ Phone _____

E-mail address _____ Facebook _____ Mobile _____

ID Number attach censo paper Persoonsnummer attach copy Bank account attach copy

Type of work permit attach copy Expire date _____ Health card attach copy

In case of emergency contact _____ Phone _____

RECRUITMENT PROCESS

Looking for Full time Part time Are you willing to work weekends/holidays? Yes No

Preferred shift: _____ Salary expectation: Awg _____ Availability date day / month / year

Reliable transportation Yes No Own car Yes No

Ever employed by this company before Yes No If yes, position and location _____

Do you know someone who is working in this company? Yes No If yes, who _____

Do you have any physical disability which could affect your productivity? Yes No If yes, please explain _____

Allergies _____ I agree to make a Drug & Alcohol test at any time Yes No

Have you ever been arrested for violation of any law or been involved in any criminal activities? Yes No
If yes, please explain _____

EDUCATION

Please attach diplomas and/or certificates

Languages	Moderate	Intermediate	Advanced
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Papiamentu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Computer skills

NOTE: application will be approved only if all the requirements are completed

PREVIOUS EMPLOYMENT

Begin with the present or most recent employment

1. Company		Type of business:	
Contact name / Supervisor		Phone	
Position	From day / month / year	till day / month / year	Salary
Reason for leaving the job			
2. Company		Type of business:	
Contact name / Supervisor		Phone	
Position	From day / month / year	till day / month / year	Salary
Reason for leaving the job			
3. Company		Type of business:	
Contact name / Supervisor		Phone	
Position	From day / month / year	till day / month / year	Salary
Reason for leaving the job			

REFERENCES

Name 3 people that we can contact for references

Name		Phone	Occupation
first	last		
first	last		
first	last		

Disclaimer and Signature

I hereby authorize verification stated in this application. I understand that misrepresentation or omission of information can lead to disqualification or dismissal at any time and without notice. I understand that the company has a drug & alcohol policy and that my employment will be subject to a random test. I understand if I am hire, there is a trial period of 60 days and my employment with the company may be terminate during this period for any reason and by either party.

Signature

This company provides equal employment opportunities. We adhere to the policy of making hiring decisions without regard to race, color, religion, sexual orientation, nationality, citizenship, age or disability. We ensure that your chance of getting hired by this company depends solely on your qualifications.

