



BELIZE WATER SERVICES LIMITED

CENTRAL AMERICAN BOULEVARD
P O BOX 150, BELIZE CITY, BELIZE CA
PHONE: 501 222 4757
FAX: 501 222 4759

APPLICATION FOR EMPLOYMENT

1. NAME OF APPLICANT:

Last: _____ First: _____ Middle: _____

2. ADDRESS:

Number: _____ Street: _____ City: _____

3. PLACE OF BIRTH: _____

DAY/MONTH/YEAR

4. NATIONALITY: _____

SEX: MALE FEMALE

5. MARITAL STATUS: Single Married

6. PHYSICAL TRAITS: Weight: _____ Height: _____

7. POSITION SOUGHT: _____ For Period: _____ Wages: _____

8. EDUCATION:

a) Primary School _____ From _____ To _____

b) Sec. School _____ From _____ To _____

b) University _____ From _____ To _____

c) Other _____ From _____ To _____

9. DIPLOMAS OR CERTIFICATES:

a) _____

b) _____

c) _____

d) _____

10. WORK EXPERIENCE: _____

11. **SECOND TO LAST EMPLOYER:** a) Name: _____

b) Address: _____

12. **LAST EMPLOYER:** a) Name: _____

b) Address: _____

13. **REASON FOR LEAVING LAST EMPLOYMENT:** _____

14. **REFERENCE:** (List at least three)

a) Name: _____

Address: _____

Phone No: _____

b) Name: _____

Address: _____

Phone No: _____

c) Name: _____

Address: _____

Phone No: _____

PHONE NUMBER WHERE YOU CAN BE REACHED: _____

Signature: _____

Date: _____