



COROZAL FREE ZONE

APPLICATION FORM FOR EMPLOYMENT

PERSONAL INFORMATION

FULL NAME: _____

First

Middle

Last

ADDRESS:

Street Address

Apt/Suite

Town/City

District

Country

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____ **TIN:** _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$_____

HOUR SALARY

POSITION APPLIED FOR:

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE BELIZE? YES NO

HAVE YOU EVER WORKED FOR THE CFZ ADMINISTRATION? YES* NO

***IF YES, WRITE THE START AND END DATES AND REASON FOR LEAVING:**



COROZAL FREE ZONE

EDUCATION / CERTIFICATION

PRIMARY SCHOOL: _____

FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____

HIGH SCHOOL: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

OTHER: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1:

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS:

Street Address

_____ Town/City _____ District _____ Country _____



COROZAL FREE ZONE

STARTING PAY: \$ _____ HOUR SALARY

ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING:

EMPLOYER 2:

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS:

Street Address

District

Country

STARTING PAY: \$ _____ HOUR SALARY

ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING:



COROZAL FREE ZONE

REFERENCES (PROFESSIONAL ONLY)

Reference #1

FULL NAME: _____

First

Last

RELATIONSHIP: _____

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

Reference #2

FULL NAME: _____

First

Last

RELATIONSHIP: _____

COMPANY: _____ **TITLE:** _____

E-MAIL: _____ **PHONE:** _____

APTITUDES

DO YOU CURRENTLY HOLD A GUN LICENSE? YES NO

IF YES, EXPIRY DATE: _____

DO YOU CURRENTLY OWN A DRIVER'S LICENSE? YES NO

IF YES, EXPIRY DATE: _____ CLASS: _____

LANGUAGES: _____



COROZAL FREE ZONE

LIST ANY APPLICABLE SPECIAL SKILLS, TRAINING OR PROFICIENCIES:

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?

YES NO

DISCLAIMER

I understand that the employment with the Corozal Free Zone is subject to satisfactory references and security screening. I undertake to cooperate with the Corozal Free Zone in providing any additional information required to meet the criteria. I authorize the Corozal Free Zone and its nominated agent to approach previous employers, schools, references, or Government Agencies to verify that the information I have provided is correct.

I consent to the Corozal Free Zone reasonable processing of any sensitive personal information obtained for the purposes of establishing any medical condition and future fitness to perform my duties. I accept that I may be required to undergo a medical examination where requested by the company. I consent to the results of such examinations to be given to the company. I understand and agree that if so required I will make medical examinations and blood tests as so requested by the employer.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____

DATE _____

PRINT NAME _____