



**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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### 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

\_\_\_\_\_  
Town/City 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** \_\_\_\_\_