



Coney Drive, Gordon House  
 Belize City, Belize  
 Ph.#: 223-5734  
 Email: vacancy@rfginsurancebelize.com

**APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT ALL ANSWERS CAREFULLY, ACCURATELY AND COMPLETELY.**

Name:

\_\_\_\_\_

Last Name	First	Middle
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E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ No. & Street \_\_\_\_\_  
 District or Country: \_\_\_\_\_

Country of Citizenship/Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_  
D      M      Y

Sex: \_\_\_\_\_ Marital Status: *Single*: \_\_\_\_\_ *Married*: \_\_\_\_\_ *Common-law*: \_\_\_\_\_ *Widowed*: \_\_\_\_\_

Languages Spoken/Read/Written \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License \_\_\_\_\_

Number of Dependents (persons in your care): \_\_\_\_\_ Ages: \_\_\_\_\_

Preferred Job Position : \_\_\_\_\_

Salary Expected: Monthly \_\_\_\_\_

List the names of any relatives employed at another Roe Group Company:

\_\_\_\_\_

In the event of accident or emergency, whom do we contact?

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Circle Highest Year of Schooling **completed**:

PRIMARY	HIGH SCHOOL	SIXTH FORM	BACHELORS	MASTERS
Completed	1 2 3 4	1 2	1 2 3 4	1 2

List three (3) professional references from past employers (supervisors/managers). *No relatives or friends.*

<i>Name</i>	<i>Mobile No.</i>
_____	_____
_____	_____
_____	_____

Present Employment: \_\_\_\_\_ Salary: \_\_\_\_\_ Position: \_\_\_\_\_

Why are you no longer employed? \_\_\_\_\_

In exceptional circumstances we may require you to work on Saturdays and Sundays. Do you have a problem with this? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you suffer from any illness or allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

Have you ever been discharged from your employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

Have you ever been convicted of any crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

Do you plan to engage in any other work while employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Type of Equipment or Machinery you can operate: (including Driving Permit and Class):

\_\_\_\_\_

Please provide any additional information, such as professional memberships, board member, membership in service organizations.

\_\_\_\_\_



**NB. Please re-read carefully all the information you have supplied before signing the declaration! We will consider this application carefully, but it does not guarantee employment.**

**DECLARATION**

I HEREBY DECLARE THAT ALL THE INFORMATION ON THIS APPLICATION TO BE TRUE AND COMPLETE AND THAT I HAVE NOT WITHHELD ANY INFORMATION WHICH COULD ADVERSELY AFFECT MY APPLICATION. I FURTHERMORE UNDERSTAND THAT ANY MISLEADING OR UNTRUE INFORMATION MAY LEAD TO MY DISQUALIFICATION OR IMMEDIATE DISMISSAL.

Signed: \_\_\_\_\_ Name in Print: \_\_\_\_\_ Date: \_\_\_\_\_