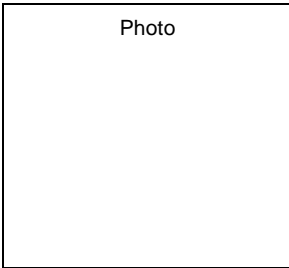




Photo



# Employment Application Form

Full Legal Name \_\_\_\_\_

Surname

Other Names

Other Name(s) by which known \_\_\_\_\_

Current Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cellular No. \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

ID Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Passport No. \_\_\_\_\_ Expiry Date \_\_\_\_\_ NIS No. \_\_\_\_\_

Driver's Permit No. \_\_\_\_\_ Expiry Date \_\_\_\_\_ BIR No. \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Account No. \_\_\_\_\_

Sex M  F  Marital Status  Single  Married  CommonLaw

Separated  Divorced  Widowed

Number of Children \_\_\_\_\_

	Ages on last birthday				Number of other dependants
Males					
Females					

Do you have any Medical Problems? Yes  No  If Yes, please give full details below

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

Are you related to any Employee of this Company? Yes  No

If Yes, please state your relative's name and the relationship \_\_\_\_\_

Name and address of Next of Kin (in case of an emergency) \_\_\_\_\_

\_\_\_\_\_  
Telephone Number \_\_\_\_\_

Have you worked for Rotoplastics or any of its subsidiary Companies before? Yes  No

If Yes, please state Department and Position \_\_\_\_\_

Position(s) applying for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Date you can begin \_\_\_\_\_ Salary Desired \_\_\_\_\_

Why are you interested in becoming an employee with this Company?

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



Job Title \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Telephone No. \_\_\_\_\_

Duties Performed \_\_\_\_\_

Number of employees you supervised (if applicable) \_\_\_\_\_

Date Started (dd/mm/yy) \_\_\_\_\_ Date Left (dd/mm/yy) \_\_\_\_\_

Starting salary \_\_\_\_\_ Salary at time of separation \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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

Job Title \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Telephone No. \_\_\_\_\_

Duties Performed \_\_\_\_\_

Number of employees you supervised (if applicable) \_\_\_\_\_

Date Started (dd/mm/yy) \_\_\_\_\_ Date Left (dd/mm/yy) \_\_\_\_\_

Starting salary \_\_\_\_\_ Salary at time of separation \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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

**REFERENCES — list 3 individuals [not related to you] who are familiar with your work-related skills**

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cellular No. \_\_\_\_\_ Occupation \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cellular No. \_\_\_\_\_ Occupation \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cellular No. \_\_\_\_\_ Occupation \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that all information provided on this application is true and correct and I agree and understand that any falsification of information provided, regardless of time of discovery, may cause forfeiture on my part to any employment in Rotoplastics or any of its subsidiary companies. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize Rotoplastics Trinidad Limited or any of its subsidiary companies to rely upon as it sees fit, any information received from such contacts.

