

Application for Employment

AT



Princess Juliana
International Airport
Operating Company N.V.

Name _____
Last First MI

Position applied for _____ Date _____

Photo

IMPORTANT Print or type all answers to every question. All information on this application will be treated confidentially. Provide a photograph with this application.

PERSONAL DATA

Last Name		First Name		Middle Name	Date
Present Address					Telephone
Permanent Address					Telephone
IN CASE OF EMERGENCY NOTIFY		Name _____			
		Address _____			
		Telephone () _____			
Date of Birth	Single <input type="checkbox"/>	Married <input type="checkbox"/>	No. of children	Nationality _____	
	Divorce <input type="checkbox"/>	Widowed <input type="checkbox"/>		Place of Birth _____	
HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LAW? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, attach summary of details. Disclosure of a criminal record does not automatically disqualify you from employment consideration.				Do you have a drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Number	Expires
Height ft. in.	Weight lbs	Time lost during past year due to accident or illness Total days No. of occurrences		Nature of accident or illness	
Do you have any mental, or medical impairments which would interfere with your ability to perform the job for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No. If any explain: _____					

EDUCATION

List all schools attended	Name and address of school	From Mo Yr	To Mo Yr	Graduated (Yes or No)	Degree/Type of Diploma	Major Course
High School						
College or University						
College or University						
Graduate School						
Business or Technical						
If you attended college but did not graduate, how many credit hours needed for degree?		Associate		Bachelor		
List any scholarships, academic, honors awards or special achievements						
List languages that you speak proficiently						
List languages that you read proficiently						

WORK INTEREST

Position Applied for	Minimum Salary	Type of employment desired <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary		Earliest Availability Date
Have you ever filed an application with P.J.I.A. NV before	<input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Where?	
Have you ever been interviewed by P.J.I.A. NV before	<input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Where?	
Are you willing to work rotating shifts including nights and weekends?				
Briefly state reasons for interest in employment with P.J.I.A. NV				
List acquaintances employed by P.J.I.A. NV				
NAME	NAME	NAME		

EMPLOYMENT HISTORY

List below all present and past employment, beginning with your most recent.

1.

COMPANY NAME (MOST RECENT)	
ADDRESS	PHONE
DATES EMPLOYED FROM TO	RATE OF PAY
POSITIONS HELD	
DUTIES	
REASON FOR LEAVING	TOTAL NUMBER OF MONTHS EMPLOYED
NAME OF SUPERVISOR	TITLE

4.

COMPANY NAME (MOST RECENT)	
ADDRESS	PHONE
DATES EMPLOYED FROM TO	RATE OF PAY
POSITIONS HELD	
DUTIES	
REASON FOR LEAVING	TOTAL NUMBER OF MONTHS EMPLOYED
NAME OF SUPERVISOR	TITLE

2.

COMPANY NAME (MOST RECENT)	
ADDRESS	PHONE
DATES EMPLOYED FROM TO	RATE OF PAY
POSITIONS HELD	
DUTIES	
REASON FOR LEAVING	TOTAL NUMBER OF MONTHS EMPLOYED
NAME OF SUPERVISOR	TITLE

5.

COMPANY NAME (MOST RECENT)	
ADDRESS	PHONE
DATES EMPLOYED FROM TO	RATE OF PAY
POSITIONS HELD	
DUTIES	
REASON FOR LEAVING	TOTAL NUMBER OF MONTHS EMPLOYED
NAME OF SUPERVISOR	TITLE

3.

COMPANY NAME (MOST RECENT)	
ADDRESS	PHONE
DATES EMPLOYED FROM TO	RATE OF PAY
POSITIONS HELD	
DUTIES	
REASON FOR LEAVING	TOTAL NUMBER OF MONTHS EMPLOYED
NAME OF SUPERVISOR	TITLE

6.

COMPANY NAME (MOST RECENT)	
ADDRESS	PHONE
DATES EMPLOYED FROM TO	RATE OF PAY
POSITIONS HELD	
DUTIES	
REASON FOR LEAVING	TOTAL NUMBER OF MONTHS EMPLOYED
NAME OF SUPERVISOR	TITLE

May we contact the employers listed above? { } Yes { } No. If not, indicate which one(s) you do not wish us to contact.

MILITARY SERVICE RECORD

Military Service Yes/No
Branch of service / Duties
Rank or rating time of enlistment Rating at time of discharge
Do you have any physical limitations that prohibit you from performing any work for which you are being considered?
Yes/No
If yes, what can be done to accommodate your limitation? Describe _____

Please attach copies of diplomas and certificates.
In placing my signature on this document I attest that all information given herein is true and complete to the best of my knowledge. I am aware that if employed with the Princess Juliana International Airport N.V. falsified statements, when discovered will be sufficient cause for my immediate dismissal pursuant to article 1615P of the Civil Code of the Netherlands Antilles.
Signature of applicant _____

WE APPRECIATE YOUR INTEREST IN PJIA N.V. AND THE TIME YOU HAVE TAKEN TO PREPARE THIS APPLICATION

FOR PERSONNEL USE ONLY

Personnel interview by _____ Date _____ Time _____ Location _____
Comments _____
Types of tests administered _____
Interviewed by _____ Department _____ Date _____ Location _____ Time _____
Comments _____
Interviewed by _____ Department _____ Date _____ Location _____ Time _____
Comments _____
Disposition _____ Starting Date _____ Medical _____ Salary _____
Job Code and Title _____