



EMPLOYMENT APPLICATION FORM

Please attach recent photo here

H. R. DEPT. Use Only

Date Received:

Received By:

Number:

Application for the function of:

PERSONAL DATA

Last Name:		First Name:	
Address:		Correspondence Address:	
Email:		Email:	
Tel:	Cell:	Tel:	Cell:
Age:	Date of Birth: mm/dd/yyyy	Place of Birth:	Nationality:
		I.D. #:	
Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Male <input type="checkbox"/> Female	Number of Children:		
	Name(s) of Children:		Date of Birth
	1.		
	2.		
	3.		
4.			
5.			
Drivers License: <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drivers License Number:			

State of Health
 Mention shortly if you had or have any serious illnesses, operations and or handicaps

ST. MAARTEN TELECOMMUNICATION OPERATING COMPANY

Soualiga Boulevard #5, Pond Island, St. Maarten, N.A.—Tel: 542-3216

EDUCATIONAL BACKGROUND

Secondary Education

Date		High School	Exam(s) taken, results Classes attended, diploma's (Please attach copies of diplomas, certificates & transcripts)	Diploma Yes / No
From:	To:	Name of School		

University studies / College degrees

Date		Name of University or College	Major	Exams Taken	Diploma Yes / No
From:	To:				

Technical studies, job-training, or other (which includes day—or night courses, written courses, business courses)

Date		Sort of training	Subject	School, Institute, Company	Results
From:	To:				

Knowledge of language (fill in; fair, good or fluent)

Languages	Writing	Reading	Speaking
English			
French			
Dutch			
Spanish			
Italian			
German			
Other			

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CAREER DEVELOPMENT

Summarize all functions you have held since completing Secondary/High school. Begin with your present function.

Date:		Name of employer:	Beginning/ Ending salary: (Important)
From:	To:	Address of Company:	
Function and Responsibilities:			Reasons for leaving:
Date:		Name of employer:	Beginning/ Ending salary: (Important)
From:	To:	Address of Company:	
Function and Responsibilities:			Reasons for leaving:
Date:		Name of employer:	Beginning/ Ending salary: (Important)
From:	To:	Address of Company:	
Function and Responsibilities:			Reasons for leaving:
Date:		Name of employer:	Beginning/ Ending salary: (Important)
From:	To:	Address of Company:	
Function and Responsibilities:			Reasons for leaving:
Date:		Name of employer:	Beginning/ Ending salary: (Important)
From:	To:	Address of Company:	
Function and Responsibilities:			Reasons for leaving:

List 3 References

	Name	Occupation	Telephone/Cell phone
1.			
2.			
3.			

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Recreational or Social activities:

Are you on the board of any committees?
If yes, which ones?

OTHER INFORMATION

Is there any other information not mentioned above that you would like to mention?

I hereby acknowledge to have filled out this application truthfully. If it is determined that any of the disclosed information is false this will result in my immediate dismissal due to urgent reasons.

Signature of applicant:

Date:

Human Resources Use Only.

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