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Please Attach
Recent Photo
here

Application for Employment

Position(s) Applied for: _____	Date of Application: _____
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How did you learn about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other:

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

Phone: _____ Cellphone: _____

E-mail: _____

Marital Status: single married Date of Birth: _____ Male Female

Place of birth: _____

ID Number: _____

Do you have a Driver's License: Yes No

Have you ever worked for this company before: Yes No If yes, when: _____

Have you ever filed an application with us before: Yes No If yes, when: _____

Have you ever been convicted of a felony: Yes No

Are you Aruban citizen: Yes No If no, are you authorized to work in Aruba: Yes No

Copy of work permit will be required prior to employment

Are you currently employed: Yes No If yes, Where: _____

May we contact your present employer: Yes No If yes, Who?: _____

Are you a owner or co-owner of any business: Yes No If yes, what kind of business: _____

On what date would you be available for work: _____

Would you like to work: Full time Part time Temporary

Do you have your own transportation available at all times: Yes No

Copy of Driver's License will be required upon employment.

EDUCATION

	Name and Place of School	Study (studie richting)	Diploma/Degree/Certificate	Year
High School/ Voortgezet Onderwijs				
Professional College/ Beroepsopleiding				
Other (specify)				

Indicate the foreign language you can speak, read and/or write (Fluent/Good/Fair/Not)

	Papiamentu	Dutch	English	Spanish	German	Portuguese
Speak						
Read						
Write						

EMPLOYMENT HISTORY**(Start with most recent employer)**

Company:	<u>Dates Employed:</u> From : To:	<u>Responsibilities:</u>
Address:		
Telephone Number(s):	<u>Hourly Rate/Salary:</u> Starting:	
Job title:	Ending:	
Name of Supervisor:		
Reason for leaving:		

Company	<u>Dates Employed:</u> From : To:	<u>Responsibilities:</u>
Address:		
Telephone Number(s):	<u>Hourly Rate/Salary:</u> Starting:	
Job title:	Ending:	
Name of Supervisor:		
Reason for leaving:		

Company		<u>Dates Employed:</u> From : To:	<u>Responsibilities:</u>
Address:			
Telephone Number(s):	<u>Hourly Rate/Salary:</u> Starting:		
Job title:	Ending:		
Name of Supervisor:			
Reason for leaving:			

May we contact your previous Employers: Yes No

References (no Relatives)				
Name	Occupation/Position	Address	Phone#	E-mail

Check this box to confirm that you understand that you may have to pass a drug/alcohol test before employment offer

DISCLAIMER AND SIGNATURE:

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Applicant Name: _____ Applicant Signature: _____ Date: _____

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Interviewed Yes: 1st Interview date: _____ By: _____

2nd Interview date: _____ By: _____

No, Reason: _____

Remarks: _____

