



**SYLVESTER ENGINEERING LIMITED
APPLICATION FOR EMPLOYMENT**

PLEASE FILL OUT THIS FORM COMPLETELY, READ CAREFULLY & SIGN AT THE APPROPRIATE PLACE

PERSONAL INFORMATION

Name: _____
Surname First name Middle name

Address: _____

Contact Information: _____
Home telephone # Mobile telephone# Email address

Emergency Contact: _____
Name of emergency contact Relation Telephone#

Date of Birth: ____/____/____ Marital Status: _____ Drivers Permit#: _____ Class: _____
DD/MM/YEAR

Do you have a defensive driving certification? YES NO Copy provided? YES NO

Have you had any accidents during the past three (3) years? YES NO If yes, how many: _____

ID Card#: _____ NIS#: _____ BIR#: _____

Banking Information: _____
Name of Bank Account# Type of Account Branch

Position Applied For: _____ Available Start Date: _____

Have you been convicted of a crime in the past 10 years? YES NO If yes, describe in full _____

A copy of Magistrates' Extract or Minute Sheet may be requested. Copy provided? YES NO

Do you have any medical conditions? YES NO If yes, describe in full _____

Do you have any allergies? YES NO If yes, describe in full _____

When was your last medical done? _____

Do you use any prescription medicine? YES NO Explain, _____

Did you ever have any major surgical procedure or operation? YES NO Explain, _____

Have you ever worked offshore before? YES NO

With whom did you work? _____ (ensure that you fill out the employment history section)

PREREQUISITES

THE FOLLOWING ARE MANDATORY REQUIREMENTS FOR POTENTIAL EMPLOYEES

#	PREREQUISITES	DATE COMPLETED	EXPIRATION DATE	COMMENTS (FOR OFFICIAL USE ONLY)
1. <input type="checkbox"/>	Valid UKOOA (United Kingdom Offshore Operators Association) Medical			
2. <input type="checkbox"/>	Valid PLEA Passport			PLEA ID#: _____
3. <input type="checkbox"/>	Certificate of good character (Not older than 6 months)			
4. <input type="checkbox"/>	Seven Point Drug Test (Not older than 1 month)			Cannabinoids (THC Marijuana), Opiates, Benzolecgonine (Cocaine), Amphetamines, Phencyclidine (PCP), Breath Alcohol, Ecstasy



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5.	One passport sized photo for file.			
6.	Recommendation letters from at least two (2) previous employers.			

QUALIFICATION

TYPE	NAME OF INSTITUTION	SUBJECTS OF STUDY/ PASSES ACQUIRED	YEAR OF COMPLETION	CERTIFICATION UPON COMPLETION	COPIES ATTACHED
SECONDARY SCHOOL				<input type="checkbox"/> GRADUATE <input type="checkbox"/> CERTIFICATE	<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE/ UNIVERSITY				<input type="checkbox"/> GRADUATE <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE <input type="checkbox"/> MASTERS	<input type="checkbox"/> YES <input type="checkbox"/> NO
SPECIALIZED TRAINING, TRADE SCHOOL				<input type="checkbox"/> GRADUATE <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE <input type="checkbox"/> MASTERS	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER				<input type="checkbox"/> GRADUATE <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE <input type="checkbox"/> MASTERS	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY

PLEASE LIST BEGINNING FROM THE MOST RECENT PLACE OF EMPLOYMENT

#	NAME OF PREVIOUS EMPLOYER / COMPANY	ADDRESS	DATE EMPLOYED	NAME OF SUPERVISOR	JOB TITLE	SALARY
1			_____ FROM			
			_____ TO			
Reasons for leaving (be specific): _____						
2			_____ FROM			
			_____ TO			



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Reasons for leaving (be specific): _____					
3			_____ FROM _____ TO		
Reasons for leaving (be specific): _____					
4			_____ FROM _____ TO		
Reasons for leaving (be specific): _____					

REFERENCES

GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

#	NAME	ADDRESS	COMPANY	TELEPHONE CONTACT	YEARS ACQUAINTED	RELATION
1						
2						
3						

I certify that information contained in this application is true, complete and correct. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Date: _____ Signature: _____

(FOR OFFICIAL USE ONLY)

SUGGESTED GRADE SCALE: 1-EXCELLENT 2-VERY GOOD 3-GOOD 4-AVERAGE 5-POOR

#	KEY AREAS	GRADE	COMMENTS
1	PRESENTATION / APPEARANCE		
2	INTERPERSONAL / COMMUNICATION		
3	PERSONAL QUALITIES		
4	TECHNICAL ABILITY / QUALIFICATIONS		
5	SALARY EXPECTATIONS		

