



## Belize Tourism Board Application for Employment

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Marital Status: single \_\_\_\_ married \_\_\_\_ divorced \_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth (MM/DD/YR) \_\_\_\_\_ No. of Children \_\_\_\_\_

Do you have any family members working at the BTB: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name(s) and relationship

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**POSITION APPLIED FOR** \_\_\_\_\_

**How did you become aware of this opportunity?**

BTB's Website \_\_\_\_ Facebook \_\_\_\_ Newspaper \_\_\_\_ **Other** (specify) \_\_\_\_\_

**Minimum Annual Salary requirement** \_\_\_\_\_



**EMPLOYMENT HISTORY (Begin with your current or last position)**

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

Employer: \_\_\_\_\_ Tel# \_\_\_\_\_

Address \_\_\_\_\_

Time Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Tel# \_\_\_\_\_

Address \_\_\_\_\_

Time Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Tel# \_\_\_\_\_

Address: \_\_\_\_\_

Time Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

(If you need additional space to adequately describe your employment history, you may attach a typed employment history providing the same information in the same format as this application form).

**Education (Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications)**

Type of School	Name and Location of School	Graduation Date	Diploma/Degree Received	Major/Minor Fields of Study
Undergraduate College/University				
Graduate Schools				
Vocational/Technical School				

**REFERENCES:**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Relationship: \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination. The BTB is hereby authorized to make any investigations of my prior educational and employment history.

**THIS APPLICATION MUST BE SIGNED**

**SIGN HERE:**

\_\_\_\_\_  
**Signature – Applicant**

Date: \_\_\_\_\_