



ATCO Aruba N.V.

APPLICATION FORM

Date:
Picture

Personalia

Last Name: _____ Maiden Name: _____

First Names(s): _____ Sex: Female Male

Call name: _____ Telephone home: _____

Address: _____ Telephone cell: _____

Nationality: _____ ID Number: _____ Persoons Number: _____

Date of Birth: _____ Place of Birth: _____

Workpermit: Yes No _____ E-Mail: _____

Workpermit number: _____ Expiration date: _____

Civil Status: Single Married Divorced

Living together Widow(er) Number of Children: _____

Do you have driving license? Yes No If yes, please indicate the type: A / B / C / D / E

Position

Position desired: _____

Expected Salary: _____ Availability date: _____

Possibility to work overtime: Yes No

Are there any hours/days you are not able to work? If so, please explain: _____

Relatives, Health & History

Names of relatives employed by us: _____

Have you ever applied before or at any other MetaCorp entities? Yes No, If yes, when _____

Have you ever been employed by us or at any other MetaCorp entities? Yes No, If yes, which period and department? _____

Do you have any health problems Yes No, If yes, please describe _____

Have you had any accidents or illness of long duration? Yes No, If yes, please describe _____

Are you willing to take a physical exam? Yes No, If not, please explain _____

Have you ever had any problems with the police? Yes No, If yes, please explain _____

Education

Name/location of Institute/Course name	Period	Graduated:
High School _____	_____	O-Yes O-No
College _____	_____	O-Yes O-No
Grade School _____	_____	O-Yes O-No
Courses _____	_____	_____

Please attach any diplomas and/or certificates

Remarks/Comments: _____

Interviewed on: _____ Interviewed by: _____

Work History

Note: begin with present or most recent employer

May we contact your current and previous employer(s)? O-Yes O-No If not, please explain _____

Company _____

Address _____ Phone _____

Dates of employment from _____ to _____

Your position _____ Contact person _____

Salary at start _____ Salary at leaving _____

Reason you left _____

Company _____

Address _____ Phone _____

Dates of employment from _____ to _____

Your position _____ Contact person _____

Salary at start _____ Salary at leaving _____

Reason you left _____

The information given on this form is true and complete. I authorize investigation of all statements on this application.

If I am accepted for employment, I agree to abide to all company rules and regulations. I agree that upon termination of my

employment any accounts, which may be owed by me to the company, may be withheld from my final paycheck.

Signature: _____ Date: _____