

II. REFERENCES

List the names of three *Professional References* (not related to you) you have worked for that could be contacted, if necessary, to give recommendations for this position.

NAME	ADDRESS	PHONE NO.	EMPLOYMENT/TITLE

III. RELEASE OF INFORMATION STATEMENT

I hereby give permission to any agency, bureau, department, physician, hospital, clinic, business, or person whosoever to furnish St. John's College, its designee, or investigators, full and complete information about any of the matters contained in this application, or appropriate for employment by this institution. This release of information may include, but not be limited to, any and all criminal history record information, medical records, educational records, or information from any source. I hereby release St. John's College or anyone obtaining or furnishing any such information from any and all liability which may or could result from the divulgence of such information or its use as it pertains to possible employment evaluation.

NAME

DATE

IV. WORK EXPERIENCE

EMPLOYER Name & Location	Starting and Ending Dates	Job Description	Reason for Leaving	Monthly Salary	Full- or Part- time

V. EDUCATION AND PROFESSIONAL TRAINING

Name & Location	Degree Earned	Major Area	Minor Area	Hours Earned

VI. DECLARATION STATEMENT

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and understand that any falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment. **I understand that unless this application is completed in detail, it will not be considered and that all applications and supporting documents become the property of St. John’s College.**

SIGNATURE OF APPLICANT

DATE

APPLICATION REQUIREMENTS

1. Cover Letter (if applicable)
2. Resume (if applicable)
3. SJC Application for Employment (complete all sections)
4. Social Security Card
5. Birth Certificate or Passport
6. Police Record
7. Two (2) Recommendation Letters (from non-related individuals)

For your application to be processed, all required documents must be submitted to the address listed below:

**St. John’s College
Human Resources Office
P.O. Box 548
Belize City, Belize**

Positions and jobs listed at www.sjc.edu.bz
Tel: 501-223-3732 | Fax: 501-223-2752

Email: hr@sjc.edu.bz

STAFF REFERENCE FORM



Dear _____ Date _____

I am applying for a position as a **member of the support staff** with **St. John's College**. Please complete the appropriate evaluation categories that apply to your knowledge of my background, and mail directly to the **Human Resource Officer, P.O. Box 548, St. John's College, Belize City, Belize, C.A.**

APPLICANT'S NAME: (Please Print) _____

Signature

Date

Rank Applicant Numerically:

When ranking applicant numerically use **NA** for no occasion to observe; **1** for inadequate; **2** for limited; **3** for acceptable or average; **4** for very good or above average; and **5** for outstanding.

	CATEGORIES	N/A	1	2	3	4	5
1	Personal Appearance						
2	Poise and Confidence						
3	Dependability						
4	Cooperation						
5	Leadership						
6	Scholarship						
7	Habits of Workmanship						
8	Initiative and Resourcefulness						
9	Judgment						
10	Command of English Language						
11	Professionalism						
12	Overall effectiveness as a supervisor/clerk/custodian						

Would you employ/reemploy this applicant? Yes No

Comments: _____

Name (Please print or type)

Position

Name of Organization/School Division

Address/Phone No.

Signature

Date