



S.M.I. INDUSTRIES LTD

Heavy & Light Sheet Metal Fabricators & Manufacturers

Expertise you can count on

APPLICATION FOR EMPLOYMENT

DATE _____

NAME : _____

ADDRESS: _____

TEL: _____ PLEA PASSPORT #: _____ DOB: _____ SEX: _____

ID/PP/DP #: _____ CLASS OF LICENSE: _____

MARITAL STATUS: _____ NO.OF DEPENDANTS _____

NATIONALITY: _____

BIR # _____ NIS# _____

ARE YOU PREPARED TO WORK ON A 3 MONTHS PROBATION? YES NO

ARE YOU PREPARED TO WEAR UNIFORM? YES NO

EDUCATION

NAME OF SCHOOL	FROM	TO	CLASS OR GRADE REACHED CERTIFICATES OBTAINED

OTHER COURSES: _____

SPORTS OR OTHER ACTIVITIES: _____

PREVIOUS EMPLOYMENT

NAME OF EMPLOYER	FROM	TO	POSITION HELD	SALARY	REASON FOR LEAVING

OTHER COURSES _____

SPORTS OR OTHER ACTIVITIES _____

POSITION DESIRED: _____ SALARY DESIRED: _____

REASON FOR THE DESIRED POSITION _____

WHEN CAN YOU START WORK? _____

MEDICAL HISTORY

NAME OF PHYSICIAN : _____

ADDRESS: _____

WHEN WAS YOUR LAST VISIT: _____

REASON FOR VISIT: _____

HAVE YOU ANY PROLONGED ILLNESS: _____

HAVE YOU ANY CONTAGIOUS DISEASES: _____

ARE YOU PREPARED TO UNDERGO A MEDICAL EXAMINATION : _____

ARE YOU PREPARED TO UNDERGO A DRUG TEST: _____

REFERENCES

PLEASE NAME THREE(3) REFERENCES OTHER THAN RELATIVES OR CASUAL ACQUAINTANCES

NAME	ADDRESS	OCCUPATION	CONTACT:

SIGNATURE OF APPLICANT _____

YOU ARE REQUIRED TO WORK FOR ONE WEEK INSIDE PRIOR TO RECEIVING SALARY

OFFICIAL USE ONLY			
INTERVIEWED BY		DATE	
POSITON GRANTED		SALARY	
PROBATION PERIOD			