



BELIZE COAST GUARD
 4.5 Miles George Price Highway
 Belizean Beach
 P.O Box 1803, Belize City



**EMPLOYMENT APPLICATION FORM TO JOIN
 THE BELIZE COAST GUARD**

<p>Instructions: This application must be completed by the applicant in BLOCK letters.</p> <p><input type="checkbox"/> Please complete all sections as thoroughly as possible. It is necessary to provide complete information, as this will be used to determine eligibility.</p> <p><input type="checkbox"/> A separate application form is attached that will assist the Recruiting Officer with a pre-medical appreciation of the applicant. Before answering, please read each question carefully.</p>	<p>OFFICE USE ONLY</p> <p>DATE RECEIVED</p>
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The following documents **MUST** be scanned and accompany this form:

- ❖ Copy of the most recent educational qualification.
- ❖ Copy of a recent Police Record.
- ❖ Proof of Nationality (Copy of Birth Certificate).
- ❖ Copy of Social Security Card.
- ❖ Two (2) Letters of Recommendation from credible sources.
- ❖ Copy of Covid19 Vaccination Card.

SECTION A – PERSONAL INFORMATION			
Last Name:	First Name:	Photo Here:	
Middle Name:	Date of Birth (dd/mm/yy):		
Aliases/Nicknames:			
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality:		
Place of Birth:	Age:		
Home Address:			
Marital Status: <i>Check appropriate box</i>			
Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>			
Home Number:	Cell Number:	WhatsApp Number:	
Primary Email Address:		Alternate Email Address:	
Color of Hair:	Color of Eye:	Religion:	
Height: _____ft _____ins	Weight:	Blood Type:	Shoe Size:
Legally Dependent Children:	Social Security Number:		
Passport Number:		Passport Expiry Date:	
Swimmer:		Are you willing to work anywhere in Belize?	
<input type="checkbox"/> None Swimmer <input type="checkbox"/> Weak Swimmer <input type="checkbox"/> Intermediate Swimmer <input type="checkbox"/> Strong Swimmer		<input type="checkbox"/> Yes <input type="checkbox"/> No	
CURRENT EMPLOYMENT STATUS:			
Are you currently an employee in the Public Service of Belize?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate status of employment: _____			

SECTION B - EDUCATION AND ACADEMIC QUALIFICATION

Please describe secondary, post-secondary, courses and training which have given you work related knowledge and skills. **Copy of the official documentation is to be scanned and attached to your application submission. Applicant must possess a minimum qualification of a High School Diploma.**

Level	School(s) Attended	Date From (Year only)	Date To (Year only)
Primary			
Secondary			
Tertiary			

SECTION C - WORK EXPERIENCE**PRESENT EMPLOYER**

Present Employer	Employer Address	Date From (Year only)	Date To (Year only)

PREVIOUS EMPLOYERS OVER THE LAST 2 YEARS

Employer Name	Job Description/Title	Date From (Year only)	Date To (Year only)

SECTION D – MILITARY EXPERIENCE

Country	Unit/	Date From (Year only)	Date To (Year only)	Last Rank

Do you have any objection in bearing arms? Yes No

SECTION E - REFERENCES

Note: Applicant is to attached two (2) letters of recommendation from credible sources.

NAME	TEL. NO.	RELATIONSHIP	NO. OF YEARS KNOWN

APPLICANT'S SIGNATURE:

- **Please read carefully before signing. This application is not valid unless signed by the applicant.**
- **Your signature on this application form is your consent for the condition of being considered for employment in the Belize Coast Guard.**

I certify that the information provided in this application and attachments are true and complete. I understand that if any information in this application or attachments are found to be untrue or incomplete, my application may be rejected or I may be dismissed in the event that I am the successful applicant.

SIGNATURE: _____

DATE: _____



FOR OFFICIAL USE ONLY

(Do not write in this section)

Date Application Form was Received		DD / MM / YY
All Required Documents Received		Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Entrance Exam	DD / MM / YY	Score %
Entry BFT - Time: _____		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Entry CG Swim Test - Time: _____		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Medical Examination Completed		Yes <input type="checkbox"/> No <input type="checkbox"/>
Background Security Check Completed		Yes <input type="checkbox"/> No <input type="checkbox"/>
This Applicant Has Been Accepted for Recruitment		Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Attested		DD / MM / YY
Date of Acceptance to Polygraph Testing		DD / MM / YY
Date of Acceptance to Drug Testing		DD / MM / YY
COAST GUARD SERVICE NUMBER:		

REMARKS: