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# APPLICATION FORM

can also be used for traineeship application

DESIRED POSITION

\_\_\_\_\_

DIPLOMA

\_\_\_\_\_

**PERSONAL DATA**

(PLEASE COMPLETE IN BLOCK LETTERS)

NAME + FIRST NAME

\_\_\_\_\_

STREET, NUMBER, BOX

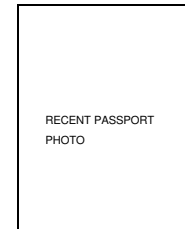
\_\_\_\_\_

POSTAL CODE

\_\_\_\_\_

RESIDENCE

\_\_\_\_\_



TELEPHONE NUMBER

INTERNATIONAL CODE \_\_\_\_\_

GSM NUMBER

INTERNATIONAL CODE \_\_\_\_\_

FAX NUMBER

\_\_\_\_\_

E-MAIL ADDRESS

\_\_\_\_\_

IDENTITY CARD NUMBER

\_\_\_\_\_

PASSPORT NUMBER

\_\_\_\_\_

NATIONALITY

\_\_\_\_\_

BIRTHPLACE + COUNTRY

\_\_\_\_\_

DATE OF BIRTH

\_\_\_\_\_

GENDER

M  F

BANK ACCOUNT NUMBER

\_\_\_\_\_ - \_\_\_\_\_

BANK NAME

\_\_\_\_\_

**IF YOU USE A FOREIGN ACCOUNT NUMBER:**

ADDRESS + MUNICIPALITY

\_\_\_\_\_

SWIFT

\_\_\_\_\_

IBAN NUMBER

\_\_\_\_\_

**MARITAL STATE**

SINCE WHEN (DATE)

SINCE WHEN (DATE)

SINGLE

SEPARATED

\_\_\_\_\_

MARRIED

\_\_\_\_\_

DIVORCED

\_\_\_\_\_

COHABITATION

\_\_\_\_\_

WIDOWER/WIDOW

\_\_\_\_\_

LEGAL COHABITATION

\_\_\_\_\_



**FAMILY DOCTOR DETAILS**  
NAME + FIRST NAME

\_\_\_\_\_

STREET, NUMBER, BOX

\_\_\_\_\_

POSTAL CODE

\_\_\_\_\_

RESIDENCE

\_\_\_\_\_

TELEPHONE NUMBER

INTERNATIONAL CODE

\_\_\_\_\_

GSM NUMBER

INTERNATIONAL CODE

\_\_\_\_\_

FAX NUMBER

INTERNATIONAL CODE

\_\_\_\_\_

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**HEALTH INSURANCE COMPANY DETAILS**

NAME

\_\_\_\_\_

STREET, NUMBER, BOX

\_\_\_\_\_

POSTAL CODE

\_\_\_\_\_

MUNICIPALITY/CITY

\_\_\_\_\_

HEALTH INSURANCE REGISTRATION NUMBER

\_\_\_\_\_

COUNTRY

\_\_\_\_\_

TELEPHONE NUMBER

INTERNATIONAL CODE

\_\_\_\_\_

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**EDUCATION** (CHRONOLOGICALLY)

**SCHOOL 1 YOU ATTENDED**

\_\_\_\_\_

STUDIES

\_\_\_\_\_

OBTAINED DIPLOMA

\_\_\_\_\_

START DATE

\_\_\_\_\_

END DATE

\_\_\_\_\_

**SCHOOL 2 YOU ATTENDED**

\_\_\_\_\_

STUDIES

\_\_\_\_\_

OBTAINED DIPLOMA

\_\_\_\_\_

START DATE

\_\_\_\_\_

END DATE

\_\_\_\_\_

PRACTICAL KNOWLEDGE WITH REGARD TO THE DESIRED POSITION

\_\_\_\_\_



**2 LAST EMPLOYERS**

**NAME OF YOUR CURRENT EMPLOYER**

**SALARY**

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT START AND END DATE**

**INDUSTRY**

FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_

**DETAILED DESCRIPTION OF ACTIVITIES**

\_\_\_\_\_

**NAME OF YOUR PREVIOUS EMPLOYER**

**SALARY**

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT START AND END DATE**

**INDUSTRY**

FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_

**DETAILED DESCRIPTION OF ACTIVITIES**

\_\_\_\_\_

KNOWLEDGE OF LANGUAGES	4 = MOTHER TONGUE, 3 = THOROUGH, 2 = GOOD, 1 = BASIC KNOWLEDGE					
	DUTCH	FRENCH	ENGLISH	GERMAN	SPANISH	ITALIAN
SPEAK						
WRITE						
READ						

**PLEASE ADD THE FOLLOWING DOCUMENTS TO YOUR APPLICATION FORM**

- YOUR PERSONAL CV**
- COPIES OF DIPLOMAS AND ATTESTATIONS
  - ALL CERTIFICATES YOU HAVE

- MARITIME DOCUMENTS (IF YOU HAVE ANY)**
- SEAMAN'S BOOK
  - STCW 95 CERTIFICATE OF COMPETENCY
  - COPY OF NAVIGATION CERTIFICATE (TO BE APPLIED AT THE "SCHEPENBEHEER" BELGIUM)

- IN CASE OF RECRUITMENT**
- HOLIDAY CERTIFICATE: NUMBER OF HOLIDAYS YOU ARE ENTITLED TO IN THE CURRENT YEAR
  - HOLIDAY CERTIFICATE: NUMBER OF HOLIDAYS TAKEN UP DURING THE CURRENT YEAR
  - EMPLOYMENT CERTIFICATE FROM PREVIOUS EMPLOYER(S): CURRENT YEAR + LAST YEAR

- TO COMPLETE YOUR FILE**
- BIRTH CERTIFICATE EXTRACT
  - COPY IDENTITY CARD
  - COPY SIS-CARD
  - COPY INTERNATIONAL PASSPORT (IF YOU HAVE ONE)
  - COPY DRIVING LICENCE
  - CERTIFICATE OF GOOD CONDUCT

OUR COMPANY AND/OR VACANT POSITION WAS RECOMMENDED TO YOU BY:

\_\_\_\_\_

START DATE IF YOU ARE SELECTED

DESIRED SALARY

\_\_\_\_\_

\_\_\_\_\_

**IF AFTER COMMENCEMENT OF EMPLOYMENT ONE OR MORE QUESTIONS PROVE TO BE ANSWERED UNTRUTHFULLY, THIS MAY LEAD TO SUMMARY DISMISSAL.**

.....  
PLACE

.....  
DATE

.....  
SIGNATURE

**PLEASE BRING THIS DOCUMENT TO THE JOB INTERVIEW  
ONLY FULLY COMPLETED APPLICATION FORMS ARE TAKEN INTO CONSIDERATION !**