

# Employment history form

Personal information					
Surname:					
Maiden name:					
First name:		Middle name(s):			
Sex:	<input type="checkbox"/> Male		<input type="checkbox"/> Female		
ID number:					
Date of birth:	..... / ..... / .....	Place of birth:			
Telephone:					
e-mail:					
A. Employment history information					
Name former employer:					
Position held:					
Date of employment:	From	..... / ..... / .....	Until:	..... / ..... / .....	
Appointment:	<input type="checkbox"/> Fulltime		<input type="checkbox"/> Part time, ..... %		
Medical completed?	<input type="checkbox"/> Yes		Date:	..... / ..... / .....	<input type="checkbox"/> No
Were you registered with APNA for this period?		<input type="checkbox"/> Yes, registration number with APNA: _____ <input type="checkbox"/> No			
B. Employment history information					
Name former employer:					
Position held:					
Date of employment:	From	..... / ..... / .....	Until:	..... / ..... / .....	
Appointment:	<input type="checkbox"/> Fulltime		<input type="checkbox"/> Part time, ..... %		
Medical completed?	<input type="checkbox"/> Yes		Date:	..... / ..... / .....	<input type="checkbox"/> No
Were you registered with APNA for this period?		<input type="checkbox"/> Yes, registration number with APNA: _____ <input type="checkbox"/> No			
C. Employment history information					
Name former employer:					
Position held:					
Date of employment:	From	..... / ..... / .....	Until:	..... / ..... / .....	
Appointment:	<input type="checkbox"/> Fulltime		<input type="checkbox"/> Part time, ..... %		
Medical completed?	<input type="checkbox"/> Yes		Date:	..... / ..... / .....	<input type="checkbox"/> No
Were you registered with APNA for this period?		<input type="checkbox"/> Yes, registration number with APNA: _____ <input type="checkbox"/> No			

I hereby attest that all documents and information that I have provided regarding my employment history to the APS pension fund are true and correct.

Signature:

Participant's name (in print): \_\_\_\_\_

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Please ensure that the following documents are included with the submission of your registration form.

- ☐ Copy of “benoemingsbesluit” or contract for each employment period
- ☐ Copy of “ontslagbesluit” or dismissal letter /termination of contract
- ☐ Results of medical evaluation (if available)

The following are the associated employers with APS. If you have worked with one of these entities please indicate this on the “Employment History Form”.

<input type="checkbox"/> Central Bank of Curacao and Sint Maarten	<input type="checkbox"/> Catholic School Board	<input type="checkbox"/> St. Maarten Ports Authority*
<input type="checkbox"/> Council of Advice	<input type="checkbox"/> Foundation for Protestant and Christian Education	<input type="checkbox"/> Sint Maarten Laboratory Services (SLS)*
<input type="checkbox"/> General Audit Chamber	<input type="checkbox"/> Methodist Agogic Centre	<input type="checkbox"/> Princess Juliana International Airport (PJIA)*
<input type="checkbox"/> Government Sint Maarten	<input type="checkbox"/> Philipsburg Jubilee Library	<input type="checkbox"/> Telem group of companies*
<input type="checkbox"/> Government Netherlands Antilles	<input type="checkbox"/> Public Education	<input type="checkbox"/> United Telecommunication Services (UTS)*
<input type="checkbox"/> Law Enforcement Council	<input type="checkbox"/> Sint Maarten Academy (FAVE)	
<input type="checkbox"/> Office of Ombudsman	<input type="checkbox"/> Sint Maarten Seventh Day Adventist Education	
<input type="checkbox"/> Social Economic Council (SER)	<input type="checkbox"/> Stichting Voortgezet Onderwijs Bovenwindse Eilanden	
<input type="checkbox"/> Social and Health Insurances (SZV)		

