



BELIZE TOURISM BOARD

P.O. BOX 325, 64 Regent Street, Belize City, Belize, C.A.

# TOUR OPERATOR DETAILED EMPLOYEE TEMPLATE (ADMIN STAFF)

## General Employee Information

Enter your employees' general information below.

|   | First Name | Last Name | Nationality | Social Security No. | Permanent/<br>Temporary | License No.<br>(Driver/Captain) |
|---|------------|-----------|-------------|---------------------|-------------------------|---------------------------------|
| 1 |            |           |             |                     |                         |                                 |
| 2 |            |           |             |                     |                         |                                 |
| 3 |            |           |             |                     |                         |                                 |
| 4 |            |           |             |                     |                         |                                 |
| 5 |            |           |             |                     |                         |                                 |
| 6 |            |           |             |                     |                         |                                 |
| 7 |            |           |             |                     |                         |                                 |
| 8 |            |           |             |                     |                         |                                 |

I certify that all the information provided above is true and accurate.

\_\_\_\_\_

\_\_\_\_\_

Name of Applicant (Print)

Signature