



PLEASE COMPLETE EACH SECTION IN BLOCK CAPITALS WITH BLUE OR BLACK INK. IF ANY SECTION IS NOT APPLICABLE PLEASE ENTER 'NOT APPLICABLE'.
A FORM CONTAINING UNCOMPLETED SECTIONS WILL NOT BE ACCEPTED.
THE FORM MUST BE COMPLETED IN TRIPLICATE AND ALL THREE COPIES MUST BE RETURNED TO THE DEPARTMENT OF EMPLOYMENT.

NOTICE OF TERMS OF ENGAGEMENT

EMPLOYEE'S DETAILS:

SURNAME (MR/MRS/MISS/MS) _____
 SURNAME AT BIRTH: _____
 FIRST NAME: _____
 ADDRESS: _____

 EMAIL: _____
 DATE OF BIRTH: _____
 TEL/MOBILE NO.: _____
 NATIONALITY: _____
 ID/PASSPORT NO.: _____

EMPLOYER'S DETAILS:

EMPLOYER'S REGISTRATION NO.: _____
 (under Business Trades & Professions (Registration) Act 1989)
 EMPLOYER'S NAME: _____
 ADDRESS: _____

 TEL NO.: _____
 MOBILE: _____
 EMAIL: _____
 NATURE OF BUSINESS: _____

EMPLOYMENT DETAILS:

EMPLOYED AS: _____ AT (PLEASE SPECIFY LOCATION) _____
 *WILL BEGIN ON/BEGAN ON: _____ *FOR AN INDEFINITE PERIOD/WILL TERMINATE ON _____
*please delete as necessary

IF YOU HAVE WORKED IN GIBRALTAR BEFORE PLEASE COMPLETE THE FOLLOWING:

NAME OF LAST EMPLOYER: _____ ADDRESS: _____
 PERIOD OF EMPLOYMENT: FROM: _____ TO: _____

THE FOLLOWING ARE THE PARTICULARS OF THE TERMS OF YOUR EMPLOYMENT WITH EFFECT FROM: _____

1. REMUNERATION:	£ Yearly/ Monthly/Weekly/ Other (please state)	6. SICKNESS AND INJURY PAY:	
2. CONDITIONS UNDER WHICH INCREMENTS, IF ANY, ARE PAYABLE:		7. PENSION AND PENSION SCHEME:	
3. INTERVAL AT WHICH REMUNERATION IS PAID:	Monthly/Weekly/Other (please state)	8. LENGTH OF NOTICE: (A) BY THE EMPLOYEE	
4. HOURS OF WORK:		(B) BY THE EMPLOYER	
5. HOLIDAY AND HOLIDAY PAY		9. INDUSTRIAL PAY AGREEMENT: (WHERE APPLICABLE)	

EMPLOYER

SIGNATURE: _____ NAME: _____
 POSITION IN THE BUSINESS, TRADE OR PROFESSION: _____ DATE: _____

EMPLOYEE

NOTICE OF ACCEPTANCE OF ABOVE TERMS OF ENGAGEMENT

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

ACCEPTED BY	DATE	INPUT BY	DATE	C/CHECKED BY	DATE

P NO.: _____
 VACANCY NO.: _____
 VACANCY DATE: _____