



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.

NOTICE OF TERMS OF ENGAGEMENT

EMPLOYEE'S DETAILS:

SURNAME: _____
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: _____