

Verification of Industry/ Work Experience (to be completed in respect of persons applying for a Special License to Teach in Belize)
Section A – To be completed by applicant.

A. APPLICANT'S BIOGRAPHICAL DATA									
1. NAME									
	<i>Last Name</i>			<i>First Name</i>			<i>Middle Initial(s)</i>		
2. MARITAL STATUS	<input type="checkbox"/> Single			<input type="checkbox"/> Married			<input type="checkbox"/> Divorced		
	<input type="checkbox"/> Widowed			<input type="checkbox"/> Separated					
3. MAIDEN NAME (if applicable)									
4. Date of Birth									
	D	M	Y						
5. Belize Social Security No.									
6. Name of Referee (Please Print)	Mr. Mrs. Ms.								
B. To be completed by Referee									
7. How long have you known the applicant?									(yrs.)
8. In what capacity have you known the applicant?									
9. How well do you know the applicant?									
<p>10. Please attach a signed company letter attesting to the demonstrated competency of the applicant in the area of specialization for which the Special license is being sought.</p>									
11. Other (use this space to provide any additional relevant information)									
Name (print)				Institution/ Organization					
Job Title				Mailing Address					
Phone		Fax		e-mail					
Signature							D	M	Y

Return completed form in a **SEALED envelope** to the applicant.

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