CONFIDENTIAL

Department of Employment
HM Government of Gibraltar

EMPLOYMENT ACT
EMPLOYMENT REGULATIONS, 1994

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 Traders & 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

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	CHECKED BY	DATE

PNO:
VACANCY NO:
VACANCY DATE: