|  |  |  |
| --- | --- | --- |
| **Location:** | https://apmterminals.helixworks.eu/admin/images/png/logo.png | **Subjects:** |
| APM terminal Maasvlakte IIEuropaweg 910Harbournumber 8410**MVII.security@apmterminal.com** Tel: +31 (0) 10 7549773 | Personal informationAdditional informationCompany informationSCC trainingHSSE declaration |
| **PERSONAL INFORMATION** |
| **Family Name:** |  | **First name:** |  |
| **Date of Birth (dd-mm-jjjj):** |  | **Registration plate:** |  |
| **Nationality:** |  | **GSM- or phonenumber:** |  |
| **COMPANY INFORMATION** |
| **Fill out when apllicable:** | **Paid employment, see 1** | **Self employed, see 2** |  |
| 1. **Paid employment**
 |
| **Who pays your salary:** |
| **Employer:** |  | **Contact:** |  |
| **Street and number:** |  | **Emergency phonenumber:** |  |
| **Zip code:**  |  | **Country:** |  |
| **City:** |  | **GSM- or phonenumber:** |  |
| **Function employee:** |  | **Who do you work for:** |  |
| 1. **Self-employed person**
 |
| **Name client:** |  |  |  |
| **Street and number:** |  | **Country:** |  |
| **Zip code:** |  | **GSM- or phonenumber:** |  |
| **City:** |  |  |  |
| **Function:** |  | **Who do you work for:** |  |
| **IDENTITY & LEGALITY OF LABOR** |
|  **Number Passport:** |  | **Valid thru (dd-mm-jjjj):** |  |
|  **Number Identity Card:** |  | **Valid thru (dd-mm-jjjj):** |  |
|  **Number Driverlicense:** |  | **Valid thru (dd-mm-jjjj):** |  |
|  **Residence document type I +**  **valid Work Permit nr.:** |  | **Valid thru (dd-mm-jjjj):** |  |
|  **Residence document type II +**  **valid Work Permit nr.:** |  | **Valid thru (dd-mm-jjjj):** |  |
|  **Residence document type III +**  **valid Work Permit nr.:** |  | **Valid thru (dd-mm-jjjj):** |  |
|  **Residence document type IV +**  **valid Work Permit nr.:** |  | **Valid thru (dd-mm-jjjj):** |  |
|  **Official stamp with remark ‘Free to work’:** |  **Yes No** |
| **CERTIFICATES OF SAFETY TRAINING** |
| **SCC Certificate: Yes No** |
| **SCC Certificate number:** |  |
|  **SCC Basis Valid thru:**  |  | **First Aid Valid thru:** |  |
|  **SCC for Managers Valid thru:** |  | **Fire Fighting Valid thru:** |  |
| **HSSE DECLARATION (with my signature)** |  **Yes No** |
| **To have attended the Apmt HSSE site introduction and presentation.(site regulations & procedures)** |  |  |
| **To have received and understand the most recent APMT MVII introductions.** |  |  |
| **To know the use of medication which can influence work (i.r. reaction response) is to be brought to the attention of the direct manager.** |  |  |
| **Top reform work according the instructions noted above.** |  |  |
| **The pas is only to be used for personal purpers. Transferring of the pas is prohibited.**  |  **agreement** |
| **Signature employee: Date (dd-mm-yyyy) of introductie:**……………………………........ ………………………………………….. |
| **The employee is obliged, based on article 47 section 3 of the General law concerning Governmental Texas, to identify himself/herself on the work site. Identification can be performed by showing one of the following documents:*** **Passport or ID Card;**
* **Dutch drivers licence;**
* **Foreigner documents, issued by;**
 |
| **SECURITY** |
| **Date (dd-mm-jjjj):**……………………………… | **Request handled by:** ……………………………….................  |
| **Signature Security for PERMANENT badge:**  ……………………………….................  |
| **Signature Security for TEMPORARY badge:** Update 14 January 2019 ……………………………….................  |