

# APPLICATION FORM

## Certificate of Good Conduct

Complete the form in print. When submitting your application to the VOG office, you must produce a valid identity document, recent detailed Census registration print out (3 months validity) and pay the appropriate fee.

### 1 To be completed by the applicant

#### 1.1 Applicant's details

male       female (if married, please give your maiden name)

Surname \_\_\_\_\_

Surname \_\_\_\_\_

Given names (in full) \_\_\_\_\_

Given names (in full) \_\_\_\_\_

Day    Month    Year

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_ Country of birth \_\_\_\_\_

Place and country of birth \_\_\_\_\_

Street and number \_\_\_\_\_ Area \_\_\_\_\_

Address \_\_\_\_\_

Country \_\_\_\_\_ town/city \_\_\_\_\_

Country and town/city \_\_\_\_\_

> Below, enter your nationality. If you have a dual or multiple nationality mention them also

Nationality/ties \_\_\_\_\_

Nationality/ties \_\_\_\_\_

ID No: \_\_\_\_\_

ID No: \_\_\_\_\_

Telephone number \_\_\_\_\_ Email address \_\_\_\_\_

Telephone number and email address \_\_\_\_\_

#### 1.2 Purpose of application: (*check if applicable*)

- Public Sector Employment (**Government organization has to fill out and sign #2**)
- Private Sector Employment (**organization has to fill out and sign #2**)
- Educational Sector Employment (**organization has to fill out and sign #2**)
- Operating License - for a catering/bar/restaurant/adult entertainment establishment (**specify in #2.2**)
- Directorship
- Business License
- Vending License
- Foreign Visa Application      name country: \_\_\_\_\_  
purpose : Education/ Work/ Vacation / Other: \_\_\_\_\_
- Emigration Purposes      name country: \_\_\_\_\_
- Residency Purposes (Local)
- Scholarship Purposes / Education Institution
- Adoption

#### 1.3 Applicant's signature

The applicant hereby declares that he/she has completed this form in full and truthfully.

Place \_\_\_\_\_ Day    Month    Year

Place and date \_\_\_\_\_

Signature \_\_\_\_\_

## 2 To be completed by the organization/institution requiring the Certificate of Good Conduct

### 2.1 Details of organization/institution

Name of organization/Institution	Name of organization/institution	
Name of contact person	Name of contact person	
Address	Street and number	Area:
Telephone no. and country	Telephone no.	Country

### 2.2 Purpose of the application

Employment

Job (to which the application relates; e.g. teacher, cleaner, transport manager)

Description of tasks (if possible, enclose a job description)

Other purpose

Description (e.g. type of operating license)

### 2.3 Specific screening profile

Is the Certificate in connection with one of the jobs or purposes mentioned below? (NB: Check only one box)

- Political office holder
- (Special) enforcement officer
- Holiday host family
- Health care and welfare of people or animals
- Legal services
- Education  
*This screening profile is applicable to anyone working in an educational institution, day- and after school care institutions*
- Taxi industry; taxi drivers permit

## 2.4 General screening profile

> *Check where applicable*

Screening will be based on the features of the job you have checked, so it is important to make sure that the features checked correspond to the job/tasks or other purpose concerned.

### Information

- Being authorized to consult and/or process data in computer systems
- Handling sensitive/confidential information
- Having knowledge of security systems, control mechanisms and verification processes

### Money

- Handling cash, transferable money and/or (digital) securities
- Having budgetary authority

### Goods

- Monitoring production processes
- Having access to goods
- Having access to materials, property, objects etc. that, if used inappropriately or incorrectly, pose a risk to people and/or animals

### Services

- Providing services (advice, security, cleaning, catering, maintenance, etc.)
- Services in individual living environment

### Business transactions

- Making decisions on offers (conducting negotiations and concluding contracts) and awarding contracts

### Processes

- Maintaining/converting/operating production machinery and/or other devices, vehicles and/or aircraft
- Transporting and/or delivering goods, post and packages otherwise than via an in-company transport system
- Transporting passengers

### Management

- Managing people and/or (part of) an organization

### Persons

> *If you check 'Persons' as a risk area, there must be a difference in level of authority between the persons concerned. It is not about dealing with colleagues.*

- Being responsible for the care of minors
- Being responsible for the care of persons requiring assistance such as the aged and the disabled
- Transporting passengers
- Childcare (This should only be used in combination with other features)

## 2.5 Special circumstances

> Indicate any special circumstances in connection with the application.

*The location where applicant does his job may be relevant to the application's assessment. For instance, if you provide cleaning services at a childcare center, the assessment will be conducted differently than if you do so in an office.*

*For other special circumstances, see the explanatory notes accompanying the application form.*

No (continue to 2.6)

Yes (please explain)

## 2.6 Signature on behalf of the organization/institution

On behalf of the organization/institution, the undersigned hereby declares that he/she has completed this form in full and truthfully.

Place

Day

Month

Year

Place and date

Signature of contact person

Stamp of organization/institution

### 3. To be completed by the PSC (Public Service Center)

Application number \_\_\_\_\_

Any special remarks  No (continue with the next question) \_\_\_\_\_

Yes (please explain) \_\_\_\_\_

\_\_\_\_\_

Continue processing the application  No (continue with the next question) \_\_\_\_\_

Yes (please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

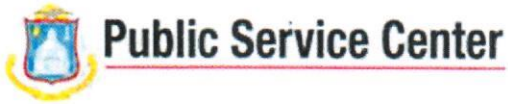
Application form has been completed in full, and applicant's identity has been verified.

Name of PSC officer \_\_\_\_\_

Initials of PSC officer \_\_\_\_\_

Place and date \_\_\_\_\_

Place	Day	Month	Year



## Explanatory notes

### For persons completing the application form for a Certificate of Good Conduct

Complete the form with care and without spelling mistakes.

#### 1. To be completed by the applicant

##### 1.1 Applicant's details

- Surname: Enter your surname.
- Place of birth: Indicate the town/city where you were born, as it was called at the time of your birth.
- Country of birth: If you were born outside of Sint Maarten, indicate the country where you were born, as it was called at the time of your birth.

##### 1.2 Purpose of application

**Note: A Certificate can only be provided for a specific job position and not for general job opportunities.**

For employment purposes the organization has to fill in and sign #2.

Other purpose: Not all applications for a Certificate are accepted for processing. Only the purposes mentioned in this section are applicable. For example, applications for a Certificate for the purpose of a marriage, rotary or associations do not fall under purpose for a Certificate. For more information on the conditions for processing an application, contact the Public Service Center (PSC).

Operating License: If you are applying for a Certificate in order to obtain an operating license, you have to specify the type of license in section 2.2: a catering/bar/restaurant/adult entertainment

#### 2. To be completed by the organization/institution requiring the Certificate

**The application will not be processed if the organization/institution requiring the Certificate has not checked a general or specific screening profile.**

##### 2.1 Details of organization/institution

Name of contact person: Enter the name of the person representing the organization/institution

##### 2.2 Purpose of the application

- Employment: The job for which the Certificate is requested.
- Description of tasks: Describe the tasks and responsibilities that come with the job. It is also possible to enclose a job description.
- Other purpose: Specify the type of operating license.

##### 2.3 Special circumstances

For instance, if one of your tasks is to substitute for a management colleague, or if you carry out your tasks in a highly confidential environment, or if your job is concerned with the rehabilitation of offenders.

### Important!

As the organization/institution requiring the Certificate, you have a role in preventing fraud. By initialing the application form at the bottom of each page, you will be helping prevent fraud. You are also responsible for verifying the authenticity of the Certificate you receive.