|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location:** | https://apmterminals.helixworks.eu/admin/images/png/logo.png | | | **Subjects:** | |
| APM terminal Maasvlakte II  Europaweg 910  Harbournumber 8410  **MVII.security@apmterminal.com**  Tel: +31 (0) 10 7549773 | Personal information  Additional information  Company information  SCC training  HSSE 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 ………………………………................. | | | | | |