

## CAYMAN ISLANDS AIRPORTS AUTHORITY

### Employment Application Form

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**FOR OFFICIAL USE:**

**POSITION APPLIED FOR:** \_\_\_\_\_

Name _____			
Last	First	Middle	Maiden
Physical address _____			
Number	Street	District	
Mailing Address _____			
Telephone (h) _____ (w) _____ (cell) _____ (e-mail) _____			
Date of birth (d) _____ (m) _____ (y) _____ Nationality _____			
Marital Status: _____ No. of Dependents _____			
DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is your means of transportation to work? _____			
<b>COMPUTER/TYPING SKILLS</b>			
<input type="checkbox"/> Yes    Word <input type="checkbox"/> Yes <input type="checkbox"/> No    _____ WPM    Processing <input type="checkbox"/> No    _____ WPM		<input type="checkbox"/> Yes    Other _____ <input type="checkbox"/> No    Mac <input type="checkbox"/> Skills _____	

EDUCATION			
NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	SUBJECTS PASSED (INCLUDING GRADE) MAJOR & DEGREE
High School			
College			
Business or Trade School			
OTHER			

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

☐ No

☐ Yes

Please attach in a SEALED ENVELOPE, a recent Police Record \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (    ) \_\_\_\_\_

Telephone (    ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

**Work  
Experience**

Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give company's name. **Attach additional sheets if necessary.**

Name of employer Address Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

**Work  
Experience  
Continued**

**Attach additional sheets if necessary.**

Name of employer Address Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No

If not, who did? \_\_\_\_\_

If successful with employment when will you be available for work?  
\_\_\_\_\_

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice, if I have gained employment with the CIAA. I hereby give the CIAA permission to contact schools, previous employers (unless otherwise indicated), references, and others as deemed necessary.

\_\_\_\_\_  
**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height \_\_\_\_\_ ft. \_\_\_\_\_ in.      Weight \_\_\_\_\_      Birth date \_\_\_\_\_  
Married ☐ Yes ☐ No    If married, how long? \_\_\_\_\_ ☐ Single ☐ Separated ☐ Divorced ☐ Widowed  
Full name of spouse \_\_\_\_\_ Occupation \_\_\_\_\_  
Name of company \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	RESIDENT IN C.I

TO BE COMPLETED  
BY EMPLOYER

Date of employment \_\_\_\_\_ Job title \_\_\_\_\_ Dept. \_\_\_\_\_  
Location \_\_\_\_\_ Rate of pay \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ Salaried  
Applicant's signature acknowledging above information \_\_\_\_\_  
Drug test confirmation number \_\_\_\_\_  
Name of person verifying information \_\_\_\_\_  
Name of person authorizing employment \_\_\_\_\_