

# Employment Application Form

FOR OFFICIAL USE:

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

## Personal Information

Name \_\_\_\_\_  
Last First Middle Maiden

Physical Address \_\_\_\_\_  
Number Street District

Mailing Address \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of birth:(dd/mm/yyyy) \_\_\_\_\_

Nationality: \_\_\_\_\_ Immigration Status: Caymanian  
Residency & Employment Rights Certificate (RERC)  
Permanent Resident (PR)  
Work Permit Holder

Do you have a full valid driver's licence? Yes No

What is your means of transportation to work? \_\_\_\_\_

Have you ever been convicted of a crime? Yes No

Please note, a police clearance certificate is only necessary if requested.

## Computer Skills

Typing skills: Yes \_\_\_\_\_ No \_\_\_\_\_ WPM: \_\_\_\_\_

Word Processing skills: Yes \_\_\_\_\_ No \_\_\_\_\_ WPM: \_\_\_\_\_

Personal Computer skills: Yes \_\_\_\_\_ No \_\_\_\_\_ Mac: \_\_\_\_\_

Other relevant computer skills?

## Education Information

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			

## References

Please list two references other than relatives or previous employers:

### Reference 1

Name:

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Position:

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Company:

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Address:

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Telephone:

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### Reference 2

Name:

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Position:

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Company:

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Address:

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Telephone:

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## Additional Information

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

## Work Experience

Please list your work experience for the past five years beginning with your most recent job held.  
If you were self-employed, please give the company name.

### Attach additional sheets if necessary.

Name of Employer:

Address:

Phone Number:

E-mail:

Name of Supervisor:

Final Job Title:

Employment start date:

End date:

Starting salary:

Ending salary:

Reason for leaving (Please be specific):

Please list jobs held, duties performed, skills used or learned, and any advancements or promotions received while at this company.

Name of Employer:

Address:

Phone Number:

E-mail:

Name of Supervisor:

Final Job Title:

Employment start date:

End date:

Starting salary:

Ending salary:

Reason for leaving (Please be specific):

Please list jobs held, duties performed, skills used or learned, and any advancements or promotions received while at this company.



Name of Employer:

Address:

Phone Number:

E-mail:

Name of Supervisor:

Final Job Title:

Employment start date:

End date:

Starting salary:

Ending salary:

Reason for leaving (Please be specific):

Please list jobs held, duties performed, skills used or learned, and any advancements or promotions received while at this company.

Name of Employer:

Address:

Phone Number:

E-mail:

Name of Supervisor:

Final Job Title:

Employment start date:

End date:

Starting salary:

Ending salary:

Reason for leaving (Please be specific):

Please list jobs held, duties performed, skills used or learned, and any advancements or promotions received while at this company.



Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Final Job Title: \_\_\_\_\_

Employment start date: \_\_\_\_\_ End date: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Reason for leaving (Please be specific): \_\_\_\_\_

Please list jobs held, duties performed, skills used or learned, and any advancements or promotions received while at this company. \_\_\_\_\_

Please attach additional sheets if necessary.

May we contact your current employer?      Yes      No

Did you complete this application yourself?      Yes      No

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

If you are successful with this application, what date would you be available to begin work: \_\_\_\_\_

## APPLICATION FORM WAIVER

### PLEASE READ CAREFULLY

I authorise 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 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: \_\_\_\_\_