



**CAYMAN ISLANDS AIRPORTS AUTHORITY
Employment Application Form**

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

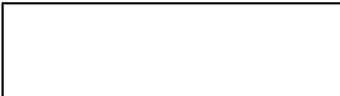
FOR OFFICIAL USE:

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 _____	
<p>DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is your means of transportation to work? _____</p>			
COMPUTER/TYPING SKILLS			
<input type="checkbox"/> Yes <input type="checkbox"/> No _____WPM		Word <input type="checkbox"/> Yes Processing <input type="checkbox"/> No _____WPM	
Personal <input type="checkbox"/> Yes Computer <input type="checkbox"/> No Mac <input type="checkbox"/>		Other _____ 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			

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APPLICATION FOR EMPLOYMENT

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

PLEASE NOTE: Police Clearance is required **ONLY** if requested.

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.

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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 Email	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 Email	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
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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:** _____