

Position _____

Personal Information

Last Name:	Frist Name	Middle Name	NIC#	Email Address:
Address:	Mailing Address (if different)		Telephone (s) #	
Date of Birth:	Place of Birth:		Nationality:	
Next of Kin (or nearest relative)				
Name: _____ Telephone Number(s): _____				
Current Address: _____				

Job Interest

Date available for work: _____ Salary Expectations: _____

How did you hear about this position? _____ Are you related to any employee of the Authority? Yes No

State name and relationship: _____

Prior Work Experience

Please include part time employment.

	Current or Most Recent	Job Experience 1	Job Experience 2	Job Experience 3
Employer				
Address				
Telephone Number				
Name of Immediate Supervisor				
Dates of Employment				
Position/ Job Title				
Reason for leaving				
May we Contact				

Have you previously applied for employment with this company? If yes, explain

Have you ever worked with this company before? If yes, explain

Do you have any medical or other conditions that will prevent you from attending regularly and from performing the job satisfactorily?

Have you lived outside of St. Lucia? If yes, specify timeline(s) and Location(s)

Have you ever been charged with and /or convicted of a criminal offence in any country? If yes, details

Education and Training

	Name & Location	Last Year Complete	Degree	Certificates
Secondary School				
College / University				
Other				

Are you pursuing further or planning to do so in the next year? Yes No

If Yes, explain

Business References

1. Name		Position	
Company Name		Address	
Telephone Number		Years Known	

2. Name		Position	
Company Name		Address	
Telephone Number		Years Known	

By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired.

Signature: _____ Date: _____

For Human Resources Department Only

	1 st Interview	2 nd Interview
Panel Members Names		

Employment Status:

Date of Employment: _____

Salary: _____

Department: _____

Employee No.: _____

Approved by: _____

Comments:

Temporary	Probation	Full Time
Consultant	Part Time:	Date: