

APPLICANT'S NAME _____

**CENTRAL WATER AND SEWERAGE AUTHORITY
P.O. BOX 363, KINGSTOWN, ST. VINCENT**



APPLICATION FOR EMPLOYMENT

Date of Application:

Position:

Please ensure that:

1. The application form is properly completed
2. Certified copies of academic qualifications and a police record are attached.

INSTRUCTIONS

Please answer each question.

Type or print in ink. Use additional paper if necessary.

Read carefully.

1. Family Name	2. First Name	3. Middle Name	4. Maiden Name, if any	
5. Telephone Number		6. Email Address		
7. Present Address		8. Permanent Address		
9. Date of Birth	10. Place of Birth	11. Nationality	12. Gender	13. NIS No.
14. Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>				
15. Name of Spouse	16. Spouse's Maiden Name	17. Spouse's Place of Birth		
18. Have you any dependents? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer is "Yes" state how many <input type="text"/>				
19. Name, Relationship and address of next of Kin:				
20. What is your preferred field of work?				

21. EDUCATION: Give full details

A. University of Specialized Training

Name, Place and Country	Years Attended		Degrees and Certificates Obtained (please indicate grade)	Main Course of Study
	From	To		

B. SCHOOLS OR OTHER FORMAL TRAINING OR EDUCATION FROM AGE 11 (eg high school, technical school or apprenticeship)

Name, Place and Country	Type	Years Attended		Subjects Obtained (Please indicate grades)
		From	To	

22. EMPLOYMENT RECORD (start with the present or last employment and go backwards)

Most Recent Employment

Name and Address of Employer	Period Employed		Position Held Brief Description of Duties	Reason for Leaving	Starting Salary (EC\$)	Ending Salary (EC\$)
	Start Date	End Date				

Previous Employment

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Please use additional sheets to provide similar information on all previous jobs held

23. If offered Employment how soon after can you assume duty?

24. HEALTH: (A) Do you suffer from any serious disability? Yes No

(B) Have you had any serious illness or operation? Yes No

25. REFERENCES: List **two** persons who are familiar with your character and qualifications.

Name	Full Address, Contact Numbers and Email address	Business or Occupation

26. ANY OTHER INFORMATION: (E.g salary desired; holiday employment; permanent employment).

27. I certify that the information in this form is true and correct to the best of my knowledge and belief.

Date: _____

Signature: _____