



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE
APPLICATION FOR EMPLOYMENT

TO BE COMPLETED IN DUPLICATE
PLEASE TYPE OR PRINT CLEARLY IN BLOCK CAPITALS, ANSWERING ALL RELEVANT QUESTIONS.
ENTER DATES IN THE FORMAT YYYY/MM/DD

PERSONAL INFORMATION				
Position Applied For:		Department:		
Last Name:		Maiden Name:		
First:	Middle:	Prefix: (Mr, Mrs, Miss, Ms, Dr, other-specify)		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other	Marital Status Date:	Name of Spouse:		
Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Highest Education Level:	
No. of Children:	Ages of Children:			
Address:		Mailing Address:		
Phone No:	Other Phone No.:		Contact Phone No.:	
Fax No.:	Email Address:			
Country of Birth:		Nationality:		
If you are an expatriate, you will need to enter citizenship, and passport information here. If you have dual nationality, enter the country of your 2 nd nationality in the 2 nd country box.				
Country of Citizenship:	Passport #	Issue Date:	Expiry Date:	2 nd Country
Registration: ID Card No.:	NIS No.:		BIR No.:	
EMERGENCY CONTACTS				
Identify persons to be contacted in case of emergency. If possible, at least one contact should be located in Trinidad & Tobago.				
Primary Contact Name (Last,First):		Relationship to Employee:		
Address:			Phone No.:	
Name (Last,First):		Relationship to Employee:		
Address:			Phone No.:	

PUBLICATIONS

Please list your **THREE (3) MOST RECENT** publications with relevant details e.g. Titles, Journals, Dates, Co-authors etc.

A.	1.	
	2.	
	3.	

Please list with similar details as above **TWO PUBLICATIONS** which you consider to be your **MOST OUTSTANDING**

B.	1.	
	2.	

HONOURS & AWARDS

List honours and awards from any professional or other recognized bodies:

Honour/Award	Grantor	Date Received

EMPLOYMENT HISTORY

Please start from the most recent and indicate currency when entering pay rates.

Institution/Organization:		Address:	
Start Date:	End Date:	Phone:	Email:
Ending Job Title:		Ending Annual Basic Pay Rate:	Total Annual Package:
Reason for Leaving:			
Institution/Organization:		Address:	
Start Date:	End Date:	Phone:	Email:
Ending Job Title:		Ending Annual Basic Pay Rate:	Total Annual Package:
Reason for Leaving:			
Institution/Organization:		Address:	
Start Date:	End Date:	Phone:	Email:
Ending Job Title:		Ending Annual Basic Pay Rate:	Total Annual Package:
Reason for Leaving:			

MEMBERSHIP

Enter membership of any professional or civic body such as military reserve, service club, FRCS etc.

Organization	Membership Date

LICENCES/CERTIFICATES

Please indicate professional or job related licences or certificates, including TT Driver's Licence.

Licence	Type	Issue Date	Licence No.	Issued By	Expiry Date

REFEREES

You must provide the names of at least THREE referees, at least ONE of whom should be a member of your present institution/organization.

Name (Last/First):	Institution/Organization:	Job Title:
Address:		Reference Type: Professional <input type="checkbox"/> Personal <input type="checkbox"/> Both <input type="checkbox"/>
Phone:	Fax:	Email:
Name (Last/First):	Institution/Organization:	Job Title:
Address:		Reference Type: Professional <input type="checkbox"/> Personal <input type="checkbox"/> Both <input type="checkbox"/>
Phone:	Fax:	Email:
Name (Last/First):	Institution/Organization:	Job Title:
Address:		Reference Type: Professional <input type="checkbox"/> Personal <input type="checkbox"/> Both <input type="checkbox"/>
Phone:	Fax:	Email:

I declare that the particulars in this application are true to the best of my knowledge and belief and that I am aware that failure to provide true and accurate information could result in the offer being withdrawn or employment terminated forthwith.

Applicant's Signature: _____

Date: _____

