

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: Marital Status: Single Married Divorced Widowed Separated Other	Middle: Marital Status Date:		Prefix: (Mr, Mrs, Miss, Ms, Dr, other-specify) Name of Spouse:					
Birth Date:	Gender: Ma	male	Highest Education Level:					
No. of Children:	Ages of Children:							
Address:		Mailing	Address:					
Phone No:		Contact Phone No.:						
Fax No.:								
Country of Birth:								
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 #	t Issu	ie Date:	E	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):	iergeney. It possible, u				ir rrinda	u u 1000g0.		
Address:	Kelati	Ationship to Employee: Phone No.:						
Name (Last, First):	Relati	ationship to Employee:						
Address:		1			Phone	No.:		

EDUCATION – TERTIARY																
Enter details of any professional and tertiany qualifications and by descent a stiffactor of 11 1																
Enter details of any professional and tertiary qualifications, such as degrees, certificates and diplomas. Date Attended Year																
Institution and Location		From			- (Qualification		Yea Earn		Expec To Ea	ted	Class	Maj	or(s)	GP	ΡA
								Lui	neu	10 1.0	4111					_
EDUCATION – OTHER																
Enter details here of other education you have received, eg. Secondary, vocational or technical. For each subject entered, insert																
either grade or proficiency level. Graduate level job applicants may omit this section. Date Attended																
Institution and Location	1					Examination Type			Subject			Grad	Grade Prot		cy	
			From	Т	`o											
				S	SKILI	LS & SPI	ECIAL	ABI	LITH	ES						
Indicate any expertise y	zou have	in sne	cialized	areas	eg C	omnuting	Commu	nicati	ng Or	oanisino	,					
indicate any expertise y			cianzec	i arca:	, c.g. c	omputing,						ficiency Le	evel	Year	Last Us	sed
Skill						Year Acquired High Med Low										
LANGUAGES																
					Speak	Speak			Read			Write				
Language Native Translate		Proficiency Level				Proficiency Level				Proficiency Level						
	Yes	No	Y	es	No	High	Med	L	OW	High	Med	Low	High	Mee	l Lov	W

PUBLICATIONS										
Please list your THREE (3) MOST RECENT publications with relevant details e.g. Titles, Journals, Dates, Co-authors etc.										
A. 1.										
2.										
3.										
	above TWO PUBLICATIONS whi	ch vou consider to be vour MOST (DUTSTAND	ING						
Please list with similar details as above TWO PUBLICATIONS which you consider to be your MOST OUTSTANDING										
	B. 1.									
2. HONOURS & AWARDS										
L ist honours and awards from any	y professional or other recognized bo									
	ir/Award	Grantor		Date Received						
	EMPLOYME	ENT HISTORY								
	and indicate currency when entering									
Institution/Organization:		Address:								
Start Date:	End Date:	Phone:	Email:							
Ending Job Title:		Ending Annual Basic Pay Rate:	Total Annu	uual Package:						
Reason for Leaving:										
Institution/Organization:		Address:								
Start Date:	End Date:	Phone:	Email:	nail:						
Ending Job Title:		Ending Annual Basic Pay Rate:	ual Package:							
Reason for Leaving: Institution/Organization:		Address:								
Start Date:	End Date:	Phone: Email:								
Ending Job Title:	Total Annual Package:									
Reason for Leaving:										

MEMBERSHIP									
Enter membership of any professional or civic body such as military reserve, service club, FRCS etc.									
A			Membership Date						
		LICENCES/	CERTIFICATES						
Please indicate profes	sional or job relat	ted licences or certificates, inc	luding TT Driver's Li	icence.					
Licence				Issued B	у	Expiry Date			
		REF	EREES						
You must provide the	names of at least	THREE referees, at least ON	E of whom should be	a member of y	our present ins	stitution/organization.			
Name (Last/First): Institution/Organization:					Job Title:				
Address:						Reference Type: Professional Personal Both			
Phone:	Fax:	Email:							
Name (Last/First): Institution/Organization:					Job Title:				
Address:						Reference Type: Professional Personal			
Phone:	Fax:	Email:				Both			
Name (Last/First):						Job Title:			
Address:					Reference Ty	pe: Professional Personal Both			
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:									