



**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.*

POSITION IDENTIFICATION			
Position for which you are applying:			
Vacancy Ref No:		Department:	
NAME			
Prefix: (Mr, Mrs, Miss, Ms, Dr, other-specify)		First:	Middle:
Last Name:			
BIOGRAPHIC INFORMATION			
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 <sup>nd</sup> nationality in the 2 <sup>nd</sup> country box.			
Country of Citizenship:		Nationality:	
Passport No:	Issue Date:	Expiry Date:	2 <sup>nd</sup> Country:
Date of Birth:		Country of Birth:	
BIOGRAPHIC HISTORY			
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		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	
Highest Education Level: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary			
NATIONAL ID			
BIR No:		NIS No:	National ID No:
CURRENT ADDRESSES			
Home Address:		Mailing Address:	
PHONE INFORMATION			
Mobile No:		Home No:	Other No:
E-MAIL ADDRESS			
Home:		Other:	

### EMERGENCY CONTACTS

Identify persons to be contacted in case of emergency. If possible, at least one contact should be located in Trinidad & Tobago.

<b>Primary Contact</b>			
Name (Last,First):	Relationship to Applicant:		
Address:		Phone No.:	
Name (Last,First):		Relationship to Applicant:	
Address:		Phone No.:	

### EDUCATION – TERTIARY

Enter details of any professional and tertiary qualifications, such as degrees, certificates and diplomas.

Institution and Location	Date Attended		Qualification	Year Earned	Year Expected To Earn	Class	Major(s)	GPA
	From	To						

### 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.

Institution and Location	Date Attended		Examination Type	Subject	Grade	Proficiency
	From	To				

### COMPETENCIES

Competencies	Proficiency Level
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Expert
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Expert
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Expert
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Expert
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Expert

### SKILLS

Indicate any expertise you have in specialized areas e.g. Computing, Communicating, Organising

Skills	Proficiency Level		
	High	Med	Low

### LANGUAGES

Language	Native		Translate		Speak			Read			Write		
					Proficiency Level			Proficiency Level			Proficiency Level		
	Yes	No	Yes	No	High	Med	Low	High	Med	Low	High	Med	Low

### 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**

### 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:	

EMPLOYMENT HISTORY			
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:			

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"/>	

***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:** \_\_\_\_\_

Certified Original Documents Provided: Yes  No  Certified By: \_\_\_\_\_ Date: \_\_\_\_\_