



APPLICATION FOR EMPLOYMENT

NATIONAL HOUSING TRUST

HUMAN RESOURCE MANAGEMENT DEPARTMENT

FOR HRM USE ONLY

AFFIX PHOTOGRAPH OF
APPLICANT HERE

N.B PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. WHERE "BOXES" ARE PROVIDED, PLACE AN 'X' IN THE BOX WHICH APPLIES TO YOU.

2. WHERE YOU HAVE TO WRITE IN YOUR ANSWER, PLEASE USE BOLD CAPITALS.

3. COMPLETE ALL RELEVANT SECTIONS OF THE FORM.

4. WHERE A QUESTION ON THE FORM DOES NOT APPLY TO YOU, PRINT 'NOT APPLICABLE (N/A) IN THE SPACE PROVIDED.

5. FOR SECTION C, YOU MAY ADD A SUPPLEMENTAL SHEET IF NECESSARY

1. FOR WHAT POSITION ARE YOU APPLYING? _____	2. HOW DID YOU KNOW ABOUT THIS JOB? _____
3. IF SELECTED, HOW SOON CAN YOU START WORKING? _____	4. ANNUAL GROSS SALARY EXPECTED \$ _____

SECTION A PERSONAL INFORMATION

1. _____ <p style="text-align: center;">SURNAME</p>	2. _____ <p style="text-align: center;">FIRST NAME</p>	3. _____ <p style="text-align: center;">MIDDLE NAME</p>																															
4. HAVE YOU HAD A NAME CHANGE BY MARRIAGE OR DEED POLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. IF YES, STATE PREVIOUS NAME(S) a) BY MARRIAGE _____ OR b) BY DEED POLL _____	6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE																															
7. DATE OF BIRTH <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> <tr> <td>DAY</td> <td>MTH</td> <td colspan="4">YEAR</td> </tr> </table>							DAY	MTH	YEAR				8. AGE LAST BIRTHDAY _____	9. NATIONALITY _____	10. NATL. INSURANCE NUMBER <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> </table> TAX REGISTRATION NUMBER <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> </table>																		
DAY	MTH	YEAR																															

11. MARITAL STATUS (TICK ONE)

MARRIED
 SINGLE
 DIVORCED
 SEPARATED
 WIDOWED

12. ADDRESS & OTHER MEANS OF CONTACT NO./STREET _____ DISTRICT/AREA _____ PARISH _____ TELEPHONE NO. (S) _____ FAX NO. _____ E-MAIL ADDRESS _____	13. NAME & OCCUPATION OF SPOUSE (If applicable) NAME: _____ OCCUPATION _____ 14. DO YOU HAVE ANY DEPENDENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, HOW MANY, <input type="text"/> <input type="text"/> WHAT IS/ARE THE AGE/AGES? _____
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15. NAME TWO (2) INDIVIDUALS WHO MAY BE CONTACTED ON YOUR BEHALF, IN AN EMERGENCY:

a) NAME _____ ADDRESS _____ TELEPHONE No.(s) (Home) _____ (Business) _____ RELATIONSHIP _____ E-MAIL ADDRESS _____ FAX NUMBER _____	a) NAME _____ ADDRESS _____ TELEPHONE No.(s) (Home) _____ (Business) _____ RELATIONSHIP _____ E-MAIL ADDRESS _____ FAX NUMBER _____
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16. HAVE YOU EVER BEEN EMPLOYED TO THE NHT ? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. IF YES, INDICATE TYPE OF EMPLOYMENT BELOW: <input type="checkbox"/> Permanent Or <input type="checkbox"/> Temporary Specify dates where applicable: Permanent from: _____ TO _____ Or Temporary form: _____ DATE TO _____ DATE DATE DATE
18. DO YOU HAVE ANY RELATIVES(S) EMPLOYED TO THE NHT <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. IF YES, STATE NAME(S)	

SECTION B SKILLS AND ABILITY

1. LIST THE SKILLS AND ABILITY THAT YOU POSSESS, WHICH ARE SPECIFICALLY RELATED TO THE JOB IN WHICH YOU ARE INTERESTED
2. LIST ANY OTHER SKILLS YOU MAY HAVE

SECTION C EDUCATIONAL QUALIFICATION
(IF SPACE PROVIDED IS INADEQUATE USE A BLANK SHEET FOR THE ADDITIONAL INFORMATION)

	1. NAME OF INSTITUTION(S) ATTENDED	ADDRESS OF INSTITUTION	DATE OF ATTENDANCE		ACHIEVEMENT (DOCTORATE/DEGREE/DIP/CERTIFICATE GCE SUBJECTS, CXC SUBJECTS/CPS/ACCA, OTHER)
			FROM DD / MM / YY	TO DD / MM / YY	
UNIVERSITY/COLLEGE					
VOCATIONAL					
SECONDARY/OTHER					

2. LIST SCHOLASTIC HONOURS AND MEMBERSHIP IN ANY PROFESSIONAL ORGANIZATION
-
-
-

3. WHAT CAREER DEVELOPMENT PLAN DO YOU HAVE FOR THE NEXT FIVE (5) YEARS
-
-
-

SECTION D EMPLOYMENT HISTORY

PRESENT EMPLOYMENT	1. NAME OF EMPLOYER	2. TYPE OF BUSINESS	3. SALARY \$ _____
	4. ADDRESS & TELEPHONE No. OF EMPLOYER	5. PERIOD WORKED FROM: ____/____/____ TO: ____/____/____ DD MM YY DD MM YY	
	6. PRESENT POSITION	7. REASON(S) FOR DESIRING LEAVE/LEAVING	
	8. NAME AND TITLE OF IMMEDIATE SUPERVISOR		9. MAY WE CONTACT HIM/HER FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No

STATE THE LAST TWO (2) PLACES OF EMPLOYMENT	1 a). NAME OF EMPLOYER	1 b). TYPE OF BUSINESS	1 c). SALARY \$ _____	
	1 d). ADDRESS & TELEPHONE No. OF EMPLOYER	1 e). PERIOD WORKED FROM: ____/____/____ TO: ____/____/____ DD MM YY DD MM YY		
	1 f). POSITION HELD	1 g). REASON(S) FOR LEAVING		
	1 h). NAME AND TITLE OF IMMEDIATE SUPERVISOR		1 i). MAY WE CONTACT HIM/HER FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	

STATE THE LAST TWO (2) PLACES OF EMPLOYMENT	2 a). NAME OF EMPLOYER	2 b). TYPE OF BUSINESS	2 c). SALARY \$ _____	
	2 d). ADDRESS & TELEPHONE No. OF EMPLOYER	2 e). PERIOD WORKED FROM: ____/____/____ TO: ____/____/____ DD MM YY DD MM YY		
	2 f). POSITION HELD	2 g). REASON(S) FOR LEAVING		
	2 h). NAME AND TITLE OF IMMEDIATE SUPERVISOR		2 i). MAY WE CONTACT HIM/HER FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	

3 a). HAVE YOU EVER BEEN SUSPENDED FROM WORK OR HAD YOUR SERVICES TERMINATED? Yes No

3 b). IF YES. PLEASE EXPLAIN BRIEFLY:

SECTION E PHYSICAL/HEALTH INFORMATION

1 a). DO YOU HAVE ANY KNOWN PHYSICAL DEFECTS OR SERIOUS HEALTH PROBLEMS? Yes No

1 b). IF YES. PLEASE DESCRIBE:

2. IN YOUR LAST WORKING YEAR, APPROXIMATELY HOW MANY DAYS HAVE YOU BEEN ABSENT FROM WORK OWING TO ILLNESS?

3 a). ARE YOU PRESENTLY UNDER THE CARE OF A MEDICAL DOCTOR Yes No

3 b). IF YES. PLEASE EXPLAIN:

4 a). IF EMPLOYED, WILL YOU BE WILLING TO UNDERGO A MEDICAL EXAMINATION? Yes No

4 b). IF NO. PLEASE EXPLAIN

SECTION F

OTHER INFORMATION

1. STATE YOUR SPECIAL INTEREST OR HOBBIES:

2 a). WOULD YOU OBJECT TO HAVING A CREDIT CHECK DONE? Yes No

b). IF YES, PLEASE STATE WHY _____

3 a). ARE YOU INVOLVED IN ANY CIVIC GROUP AND/OR COMMUNITY? Yes No

3 b). IF YES, LIST NAME(S) _____

3 c). DO YOU HOLD AN OFFICE IN ANY? Yes No

3 d). IF YES, PLEASE SPECIFY: _____

4. WOULD YOU BE WILLING TO WORK BEYOND REGULAR WORKING HOURS? Yes No

5 a). HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN MINOR TRAFFIC OFFENSES?

Yes No

5 b). IF YES, PLEASE EXPLAIN:

6. NAME TWO CHARACTER REFERENCES (EXCLUDE RELATIVES OR FORMER EMPLOYERS)

a) NAME _____
ADDRESS _____

TELEPHONE No.(s) _____
FAX # _____ E-MAIL _____

b) NAME _____
ADDRESS _____

TELEPHONE No.(s) _____
FAX # _____ E-MAIL _____

SECTION G

DECLARATION

I DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND COMPLETE, I AM AWARE THAT WITHHOLDING OR FALSIFYING OF ANY INFORMATION ON THIS FORM WILL MAKE THE APPLICATION PROCESSING VOID OR WILL RESULT IN DISMISSAL, IF EMPLOYED

APPLICANT'S SIGNATURE

DATE