INSTRUCTIONS **GOVERNMENT OF** THE REPUBLIC OF TRINIDAD AND TOBAGO Please answer each question clearly and completely. Type or print in ink. Read care-fully and follow all directions.

EMPLOYMENT APPLICATION FORM

(Professional, Scientific, Technical and Administrative Posts)

Address to: Director of Personnel Administration,

52-58 Woodford Street, Newtown, Port-of-Spain, or Scarborough,

41 A Wilson Road,

AFFIX RECENT PHOTOGRAPH HERE

		Trin	idad, West Indies	s Tol	ago				
1. What type of position do you desire?				2. When will y			you be available?		
3. Family Name First Name				Middle Name Maiden Name (if any)					
4. Permanent Add	Iress			5. Present Address (if different) 6. Office					
Telephone Num	ber			Telephone Number Number					
7 . Date Day Mth. Yr. 8. Place of Birth of Birth			irth	9. Nationality(ies) at Birth 10. Present Nationality(ies)			nt Nationality(ies)		
	n up legal permanent es", which country?	resident status ir	n any country oth	ner than that o	f your nati	ionality?	Yes 🗌	No 🗌	
12. Have you taken any legal steps towards changing your present nationality? If answer is "Yes" explain fully:									
13. Sex	14. Height	15. Weight			Marital Sta Single Married	_	Separated Divorced		
17. Have you any dependents? Yes No If the answer is "Yes" give the following information									
Names E		Date of Bi Day Mth.	Oate of Birth Relation Mth. Yr.		ip Names		Date of Birth Date Mth. Yr.	Relationship	
18. What is the profession/occupation and nationality of your spouse?									
19. Have you previously submitted an application for employment with the Government of Trinidad and Tobago?									
If "Yes" for what position? What was the date of application?									
20. Have you any disabilities which might limit your prospective field of work? Yes No If "Yes", please describe:									
21. Do you have contractual obligations to your Government / Present Employer? Yes No If "Yes", give details:									
22. KNOWLEDGE OF ENGLISH									
Read Write					Speak Understand			derstand	
Easily	Not Easily	Easily	Not Easily	Easily		Not Easily	Easily	Not Easily	

23. EDUCATION	. Give full details-N.							
A. Universit	y or equivalent	Please do	not translate or	equate to other	degrees.			
			Attended From/To		Degrees and academic Distinctions Obtained		Main Course of Charles	
Na	me, Place and Count	ıry	Month/Year	Month/Year	Month/Year Distinctions Obtained		Main Course of Study	
B. Schools or	Other Formal Trainir	ng or Education ((e.g high school	technical school	ol or apprenticeshi	p)	I	
Name, Place and Country					Attende	d From/To	Certificates or	
			Туре		Month/Year	Month/Year	Diplomas Obtained	
24. List Profess	ional Societies and	Activities in Civid	c, Public or Inter	national Affairs				
25. List any sig	nificant Publications	you have writter	n <i>(Do not attach</i>)				
each post. I space, attac	Include also service h additional pages o	in the armed for of the same size.	ces and note any Give both gros	y period during v s and net salarie	which you were no s per annum for yo	t gainfully emplo	d. Use a separate block for yed. If you need more nt post.	
	NT POST(LAST F	. <u> </u>						
From	To	_	per Annum	Exact Title of your Post:				
Month/Year	Month/Year	Starting	Final					
Name of Employer:				Name of Supervisor:				
Address of Empl	oyer:		Number and Kind of Employees Reason for Leaving: supervised by you:					
			Supervised by you.					
DESCRIPTION OF YOUR DUTIES								

B. PREVIOUS POSTS (IN REVERSE ORDER)

From	То	Salaries	per Annum	Exact Title of your Post:				
Month/Year	Month/Year	Starting	Final					
				7				
Name of Employ	er:			Name of Supervisor:				
Address of Employer:				Number and Kind of Employees supervised by you:				
			DESCF	LIRIPTION OF YOUR DUTIES	I			
From	To Salaries per Annum		per Annum	Exact Title of your Post:				
Month/Year	Month/Year	Starting	Final	7				
				7				
Name of Employ	er:	•	•	Name of Supervisor:	Name of Supervisor:			
Address of Emp	oyer:			Number and Kind of Employees supervised by you:	Reason for Leaving:			
			DESCE	INTERIOR OF YOUR DUTIES				
From	То	Salaries	per Annum	Exact Title of your Post:				
Month/Year	Month/Year	Starting	Final	-				
				7				
Name of Employ	er:	l.		Name of Supervisor:				
Address of Emp	oyer:			Number and Kind of Employees	Reason for Leaving:			
				supervised by you:				
			DESCF	RIPTION OF YOUR DUTIES				
From	То		per Annum	Exact Title of your Post:				
Month/Year	Month/Year	Starting	Final					
Name of Employ	er:			Name of Supervisor:				
Address of Employer:				Number and Kind of Employees	Reason for Leaving:			
				supervised by you:				
			DESCF	RIPTION OF YOUR DUTIES				

27. Have you an objection to our making inquires of your p	resent employer?	No 🗔				
28. REFERENCES: List three persons, not related to you Do not repeat names of supervisors	u, who are familiar with your character and qual s listed under Item 26.	lification.				
Full Name	Full Address	Business or Occupation				
1 un Name	i dii Addiess	business of occupation				
29. State any other relevant facts. Include information rega	arding any residence outside the country of you	ır nationality.				
30. Have you ever been charged or convicted for the violation of	of any law (excluding minor traffic violations)?					
	, , , , , , , , , , , , , , , , , , , ,					
	_	_				
	Yes 🗌	No 🗆				
If "Yes", give full particulars of each case in an attache	ad statement					
ii les , give iuii particulais di each case ili ali attache	u statement.					
31. I certify that the statements made by me in answer to the	he foregoing questions are true, complete, and	correct to the best of my knowledge				
and belief. I understand that any misrepresentation or the Government of the Republic of Trinidad and Tobag	material omission made on an application form o may provide grounds for withdrawal of any of	or other document requested by ffer of any appointment or for its				
cancellation if such an appointment had already been a	accepted. I am prepared to serve in any part of I	Trinidad and Tobago.				
Date S	ignature					
N.P. Vou are required to supply desumentary evidence whi	ish supports the statements you have made sho	Do not however cond one				
N.B You are required to supply documentary evidence which supports the statements you have made above. Do not, however, send any originals until you have been asked to do so by the Government of the Republic of Trinidad and Tobago.						