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FOR OFFICIAL USE ONLY	
Emp No.	
TEST SCORES	
Math	
English	
Date of Exam	
REFERRAL SOURCE	

WATER AND SEWERAGE CORPORATION PRE-EMPLOYMENT APPLICATION

APPLICATION MUST BE COMPLETED IN APPLICANTS OWN HANDWRITING

Name: (Mr. Mrs., Miss)					
LAST		FIRST		MIDDLE	
ADDRESS:					
STREET			HOUSE #		
P.O.BOX:		TELEPHONE #:Home		Cell:	
SUB-DIVISION:			ISLAND:		
EMAIL ADDRESS:					
DATE OF BIRTH (DD/MM/YY):			AGE:	SEX: Female <input type="checkbox"/>	Male <input type="checkbox"/>
PLACE OF BIRTH:					
CITY			COUNTRY		
NATIONAL INSURANCE #:			NATIONALITY:		
MARTIAL STATUS: SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW/WIDOWER <input type="checkbox"/>					
TYPE OF POSITION SOUGHT: _____			SALARY EXPECTED B\$: _____		
EDUCATION AND QUALIFICATION: Information must be completed in its entirety (attached copies all certificates)					
TYPE SCHOOL	NAME & LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DATES ATTENDED	COURSE OF STUDY	CERTIFICATES /DEGREE (S)
PRIMARY SCHOOL		1 2 3 4 5 6			
JUNIOR HIGH SCHOOL		7 8 9			
SENIOR HIGH SCHOOL		10 11 12			
COLLEGE UNIVERSITY		1 2 3 4			
BUSINESS TRADE		1 2 3 4			
ADVANCED STUDIES PROFESSIONAL		1 2 3 4 5			
OTHER EXPLAIN					

Please turn over and complete the reverse side.

EMPLOYMENT HISTORY

PLEASE LIST PRESENT OR MOST RECENT EMPLOYMENT FIRST. IF ADDITIONAL SPACE IS NEEDED, PLEASE CONTINUE ON A SEPARATE SHEET.

EMPLOYER:

ADDRESS:

PHONE#:

POSITION:

SUPERVISOR:

START SALARY \$:

FINAL SALARY:

DATE OF EMPLOYED FROM:

TO:

MONTH / YEAR

MONTH / YEAR

REASON FOR LEAVING:

EMPLOYER:

ADDRESS:

PHONE#:

POSITION:

SUPERVISOR:

START SALARY \$:

FINAL SALARY:

DATE OF EMPLOYED FROM:

TO:

MONTH / YEAR

MONTH / YEAR

REASON FOR LEAVING:

HAVE YOU BEEN EMPLOYED BY THE CORPORATION: YES IF YES PLEASE GIVE DATE AND POSITION (S):

YES

NO

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THE CORPORATION? YES IF YES PLEASE LIST NAME (S) AND RELATIONSHIP:

NO

PLEASE PROVIDE THE NAMES, ADDRESS AND PHONE NUMBERS OF THREE (3) REFERENCE, OTHER THAN PRESENT, FORMER EMPLOYER OR RELATIVES:

NAME

ADDRESS

PHONE #:

1.

2.

3.

Upon completing this application please include the following for processing: Photo, Police Record, Certificates, NIB Card

I CERTIFY THAT THE INFORMATION ON THE APPLICATION, WHICH IS SUBJECT TO VERIFICATION BY THE WATER AND SEWERAGE CORPORATION, IS CORRECT. I UNDERSTAND THAT ANY MISLEADING OR INCORRECT INFORMATION MAY RENDER THIS APPLICATION VOID AND BE CAUSE FOR IMMEDIATE DISMISSAL IN THE EVENT OF MY EMPLOYMENT, WHILE EMPLOYED BY THE CORPORATION. I AGREE TO ABIDE BY THE RULES OF THE CORPORATION AND TO WORK SUCH HOURS OR SHIFT AS MAY BE DEEMED NECESSARY BY THE CORPORATION.

SIGNATURE OF APPLICANT

DATE